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When the 79th Congress expired, cutting off its new baby, the National Mental Health Act, without even the customary $1, gloom overtook the hopes that had been raised by passage of the act. Appointed foster parent of this important child, Dr. Robert H. Felix, chief of the mental hygiene division of USPHS, rolled up his sleeves, called a meeting of the National Advisory Mental Health Council, and prepared to pull his ward through its first year, starvation diet or no. Five days after the little codger's first birthday, this July, the 80th Congress evidenced paternal interest to the extent of $7,500,000 for his support during the next year. Foster parent Felix tells in this issue (see page 235) something of the first year's nurturing, and of the plans for the second year.

Companion piece to Dr. Felix's article is Daniel O'Keefe's presentation of the psychiatric social work program under the National Mental Health Act. Mr. O'Keefe, who is consultant in psychiatric social work of the USPHS mental health division, is an old hand at pioneering. In 1943 he was the first to be appointed under the now famous "263" classification, which officially established a social work branch in the Surgeon General's office. As chief of this branch, Mr. O'Keefe built up a staff of over 700 men and women assigned to army casework.

WHERE IT GOES

The moot question of where the dollars go is just a challenge to Mrs. Esther Moore, director of CCC's department of statistics and research. In the "Community Welfare Dollar" (see page 244) she comes up with some very interesting facts and figures, gleaned from analysis of health and welfare expenditures in twenty-nine cities in 1946. Incidentally, her facts and figures have something to say about the direction in which social work is moving these days.

HOUSING NOTE

The Nebraska State Prison *Forum* offers as *"the crook of the year,"* the one who stole a three room house in San Fernando Valley. Close runner-up is the thief who purloined a country schoolhouse.

HEADING UP

Local community emotion is nearing a boiling point over the issue of multiple national nonfederated campaigns, reports a bulletin of Community Chests and Councils, Inc., summarizing questionnaire reports from 230 chest cities. Keynote feeling, however, is expressed in this quotation from one correspondent: "Everybody is against so many campaigns. Nobody knows what to do about it." So far only 118 of the 230 cities report adoption of the "open door" policy—general invitation to all worthy causes to submit budget requests for chest consideration.

NOT FUNNY

The fact that neither industry nor government in this "greatest country in the world" have shown any capacity to do anything about the housing problem, has somehow struck us as rather ridiculous. But we can imagine that's not the way it strikes the World War II veteran householders of Boston, 14 percent of whose dwelling units a census bureau survey shows contained one or more subfamilies. Comparable figure for non-veteran householders was only 3 percent.

ANOTHER ANGLE

If insurance companies are getting agitated about it, perhaps we'll begin to get somewhere with the problem of family disorganization. According to Dr. Earl C. Bonner, medical director of the Metropolitan Life Insurance Company, "Emotional instability has taken its place along with the common cold, as one of the most frequent causes for sickness, absenteeism in industry. The interest of the industrial physician will ultimately be extended into the homelife of the individual where the pattern of mental and nervous maladjustments is set and where emotional conflicts have fullest interplay." (See *Survey Midmonthly*, February 1947, "Beneath the Surface of Delinquency and Child Neglect.")

WOE IS ME

All power, and plenty of sympathy, to the distinguished personalities who will serve on the nonpartisan commission set up on the Lodge-Brown bill to study the operation of all federal agencies. Just think of the big puddles of hot water it will have to wade through in concerning itself with (a) limiting expenditures (b) eliminating duplication (c) consolidating similar functions (d) abolishing unnecessary functions (e) defining and limiting executive functions.

PULL OVER

Reckless drivers in California are being treated to a "friendly informal discussion" with a department of motor vehicles psychologist instead of the old-fashioned bawling out from a cop,

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reports the Public Administration Clearing House. Diagnosis of many offenders: reckless driving caused by attempt to release anxiety over financial, marital, or other worries. Some are referred to psychiatrists for treatment; others are dealt with along more traditional lines — warnings, probation, driving permits suspended or revoked. Score: 86 percent of all persons interviewed since the war have been driving without further mishap. All those interviewed had been repeatedly involved in accidents.

VET SOCIAL WORKERS

Of the 1,825,000 exservicemen and women enrolled in colleges and universities under the G.I. bill, as of May 1, a total of 3,377 were training for social work, according to the VA.

ROUNDTRIP!

When Irene Murphy sent in the manuscript of her colorful Philippine story (see page 241), she had no idea that she was writing in *prospect* as well as *retrospect*. But just as it was ready to go to the printer, she turned up in New York, full of enthusiasm for an imminent return visit. This time for the United Nations—one of the first "social affairs officers" put at the disposal of governments who request consultation and advice in developing their own welfare programs. One of a team of four, the others are child welfare specialists—from Latin America, Europe and Australia respectively. She will be in Manila before this issue comes off the press.

NEW KEYNOTE

Not often, we imagine, does the *Chicago Tribune* burst forth in applause of public welfare. So a July editorial, favorably commenting on a state public aid commission to sponsor a legislative appropriation of $25,000 with which to make an economic survey of Illinois' southern tier of counties, seems to come under the head of news. The reason—these sixteen counties with one twentieth of the population of the state account for more than one tenth of its one hundred-odd million dollar annual assistance expenditures. To move towards their economic rehabilitation, as a means of reducing dependency made sense to the *Tribune*. Matter of fact, *prevention* seems to make sense to almost everybody.

GRAPHICALLY SPEAKING

For undiscouraged progressives—as well as for those who regard with hopelessness the beating liberal thought has been taking in 1947 — *Survey Graphic* launches a unique series of articles in its September issue. Objective is to jell out recent developments in social thinking with regard to politics, religion, psychology, and so on. One author, allowed to be general and philosophical, is flanked by two or three others, who are bound to be specific and practical. Kick-off in September concerns political thought, and features Adolph A. Berle, Jr., writing under the title, "A Program for the Undiscouraged." Companion pieces by Rufus Terral, Guy Greer, and Morris Llewellyn Cooke are devoted to flood control, housing, and soil erosion as specific areas in which trends of thought are reflected.

Collateral reading for the articles by Dr. Felix and Mr. O'Keefe in this issue of the *Midmonthly* is Albert Deutsch's profile of the Menninger brothers and their psychiatric works at the famous Menninger Foundation in Topeka, also in September *Graphic*.

SUCCESS!

A slip of the pen, the psychologists tell us, can be "very revealing." To the staff in a district office of the British Columbia Health and Welfare Department, such a slip on a letter delivered promptly and without question by the mail carrier, called for mutual congratulations on the agency's interpretation to the public. The letter, really intended for the public utilities company, was addressed: "Domestic Fight Department, New Westminster, B.C."

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The Battle is Joined

As the first salvos are being fired in the government's war against mental illness, ROBERT H. FELIX, M.D., chief of the mental hygiene division, USPHS, reports on the first year and future plans of the National Mental Health Program.

The federal government's war against mental illness is on. It was declared on July 3, 1946, when the President signed the National Mental Health Act thereby making possible, for the first time in our history, a nationwide program for "the improvement of the mental health of the people of the United States."

There are four major enemies that must be vanquished: lack of knowledge of the causes of mental illness, lack of trained personnel, lack of mental health services, and lack of public interest and understanding. By authorizing federal grants for research, for training, and for assistance to states in developing and expanding their mental health services, and by advocating a program of public education on mental health, the National Mental Health Act has set the stage for a full scale attack against them.

Although actual operations have had to wait until July of this year when Congress appropriated funds to implement the act, the period of time between passage and the appropriation of funds was spent by laying plans for the campaign. The National Advisory Mental Health Council, composed of six leaders in the field of mental health, authorized under the National Mental Health Act to "advise, consult with and make recommendations to the General Surgeon on matters relating to the activities and functions of the Service in the field of mental health," served, in a sense, as joint chiefs-of-staff. They met four times during the year to recommend policies and strategy and advise on the course of action, so that as soon as funds became available, a concerted push could be launched simultaneously on all four fronts.

D-Day Arrives

On July 8, 1947, a $7,500,000 appropriation was made for the mental health activities of the U. S. Public Health Service during the fiscal year 1948. Approximately a million dollars of this was for training grants and stipends; $400,000 for research grants and fellowships, and $3,000,000 for grants-in-aid to states. (The remainder provided funds for previously established activities of the Mental Hygiene Division, such as operation of the two U. S. Public Health Service hospitals at Lexington, Ky., and Fort Worth, Tex., field studies in mental hygiene, and surveys of public mental hospitals.

D-Day for mental health was here at last!

Getting At Causes

The need for research into the vast, almost unexplored wilderness of mental illness is obvious. We still know appallingly little about a group of maladies with victims that fill almost half of the hospital beds in the country. Research in this field has lagged far behind investigations in other fields of medical science. Today, because of the National Mental Health Act, federal support for research through direct grants to universities, laboratories, and other public and private institutions, and to qualified individuals has become a reality, and offers new hope that solutions to the enigma of mental illness which has plagued mankind for so long, will be found.

For the first year of its campaign, the Public Health Service has so far awarded twenty-five research grants in such fields as biochemistry, neurophysiology, psychosomatic medicine, psychotherapy, and diagnostic and prognostic techniques. Several of the awards have been grants to carry on investigations in child behavior—a study on early phases of personality development, an intensive study of the treatment of preschool children who show marked personality deviation, a study of the prediction of psychosis in children by means of the Rorschach test. Another grant will make possible a study of marital adjustment as an aid to good mental health. Others were given for studies which are hoped to shed new light on the manic-depressive psychosis and schizophrenia.

Fourteen research fellowships in mental health have been awarded, thereby making it financially possible for a limited number of capable students to contribute to science while enhancing their professional growth.

Skilled Help Wanted

One of the most serious obstacles hindering any immediate attempt to improve mental health services in this country is the shortage of trained personnel. Various estimates have been made as to the numbers of psychiatrists, psychiatric social workers, clinical psychologists, and psychiatric nurses that are required to meet the needs of the country. Any figure is at best only a rough estimate, since we do not know with any degree of accuracy the extent of the mental health problem. We do know, however, that the demand is so much greater than the supply that every effort must be made to expand existing training centers and stimulate potential ones, and to recruit personnel to the field.

Now that funds are available, the Public Health Service has taken the first step toward accomplishing this goal. Training grants have been awarded to 17 institutions offering training in psychiatry, 16 in clinical psychology, 9 in psychiatric social work, and 9 in psychiatric nursing.

Two hundred and nine training stipends to graduate students have thus far been approved: 70 in psychiatry, 41 in clinical psychology, 40 in psychiatric social work, and 58 in psychiatric nursing. Stipends range from $1,200 to $2,400 for clinical psychologists, psychiatric social workers, and psychiatric nurses, and up to $3,600 for psychiatrists, depending upon the level of training for which the applicant is eligible.

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One of the most serious bottlenecks in the production of mental health personnel has been the lack of teachers. A number of training centers—and this is particularly true of the schools of nursing—are planning to use part of their grants for the training of teachers, supervisors, and consultants.

Some medical schools are also planning to use the grants to improve the undergraduate teaching of psychiatry to medical students as well as to offer postgraduate training for those who elect psychiatry as their specialty. According to a study made by the American Psychiatric Association, not over half the medical schools in the country present psychiatry to the students in a satisfactory manner, and in one third the psychiatric instruction was rated as indifferent or poor. If a medical student is to become a well-rounded physician, he must realize, in the process of his educational experience, that psychiatry is an integral part of medicine, and that understanding a patient's emotional life is quite as important as a knowledge of anatomy and physiology in making a correct diagnosis and carrying out treatment.

Until psychiatry is presented in the proper light, it will be difficult to stimulate the interest of the medical student. It is hoped that with funds made available to medical schools under the National Mental Health Act, psychiatry will be taught in a way which will challenge the student, if not to enter the field of psychiatry, then at least to incorporate psychiatric concepts and attitudes into his medical practice.

The Country Over

A challenging salient in the battle against mental illness is the program of grants to states, which seeks to promote the expansion and improvement of mental health services in states and communities. The dearth of outpatient mental health facilities is a sad but well known fact.

It has been estimated by the National Committee for Mental Hygiene that in the entire United States there is provided only about 20 percent of the needed clinic services, and those available are for the most part concentrated in the larger population centers. Several states are entirely without extramural mental health services, and large areas in other states have no access to such facilities.

As a beginning, $3,000,000 has been appropriated for this fiscal year to be used for grants to states in their efforts to remedy this situation. Grants are made on a matching basis, taking into account population, financial need, and extent of the mental health problem, and are made after the approval of a state plan, which has been submitted by the State Mental Health Authority.

In general, most of the state plans which have thus far been approved include provision for the establishment or expansion of community mental health clinics, both stationary and traveling. Some states which already have part time clinics are planning to use their grants to enlarge them into full time. The auspices under which they will operate vary. Many states hope to establish clinics or enlarge the services of those already functioning, under one or another state department; others to conduct them under the auspices of their state hospitals. A few aim to expand their services by subsidizing nonprofit clinics.

A number of states plan to establish a registry of the mentally handicapped and of the psychiatric facilities in their state; some will use a system of licensing private mental hospitals. Several states hope to provide mental health consultative services to state, and local, health and welfare agencies.

To overcome the handicap of insufficient numbers of trained personnel, a number of states are planning to give doctors, nurses, psychologists, and social workers, already employed in the state services, special training in order to provide them with better equipment for work in the programs. Projects of other states include workshops in mental hygiene for their public health nurses, or payment of their expenses to attend workshops in other states. Another training device being considered is a series of institutes in mental hygiene for physicians, social workers, educators, or other professional personnel.

During the next fiscal year the Public Health Service plans to conduct one or more demonstration clinics to illustrate the types of mental health services which can be rendered in a community. Their location will be determined by the existence of a real community need and a sincere desire for such service. The basic personnel of a demonstration clinic will consist of a psychiatrist, a psychologist, two psychiatric social workers and a record analyst, with necessary clerical assistance. The demonstration clinic, while furnishing out-patient psychiatric service to the community, will be a nucleus for the dissemination of mental health information to individuals, groups, and agencies in the area.

Battle Against Ignorance

The fourth offensive, and one which must be vigilantly and carefully waged if the other three are to succeed, is the education of the public to the facts about mental illness. Obviously, if patients suffering from mild emotional disorders are to have an opportunity for early treatment—when the chances for recovery are greatest—they must come for aid *early*. Before they will do this, however, the ignorance and misconceptions about mental illness, which make patients reluctant to seek treatment, must be overcome.

The first task is to educate people to understand that mental illness is as much a sickness as tuberculosis or appendicitis, and that the mentally ill person needs medical help just as any other patient does. When people begin to realize this basic fact, they will be less hesitant to seek aid early. Only then, too, will they begin to appreciate the need for trained personnel, for good hospital care and adequate out-patient facilities, and for scientific research. Just as the stigma attached to tuberculosis has gradually disappeared in the wake of community education, so mental illness will come to be accepted with better grace as the public becomes better informed about it.

The Public Health Service is doing what it can, through pamphlets, articles, and other media, to disseminate information about mental health. A number of states are planning programs to educate the public by sponsoring or stimulating lectures, radio programs, films, pamphlets, and other educational material.

But acquainting the public with the facts of mental health falls on all of us—doctors, social workers, nurses, teachers, and all others who deal with human beings in a professional capacity. It also rests with the layman—with every American citizen—to join in the battle against ignorance and prejudice that surrounds mental illness. Through state and local mental hygiene societies and other health and welfare committees, citizens can form a volunteer army in this fight.

To augment the research work that will be carried on throughout the country, the Public Health Service is planning to build a National Institute

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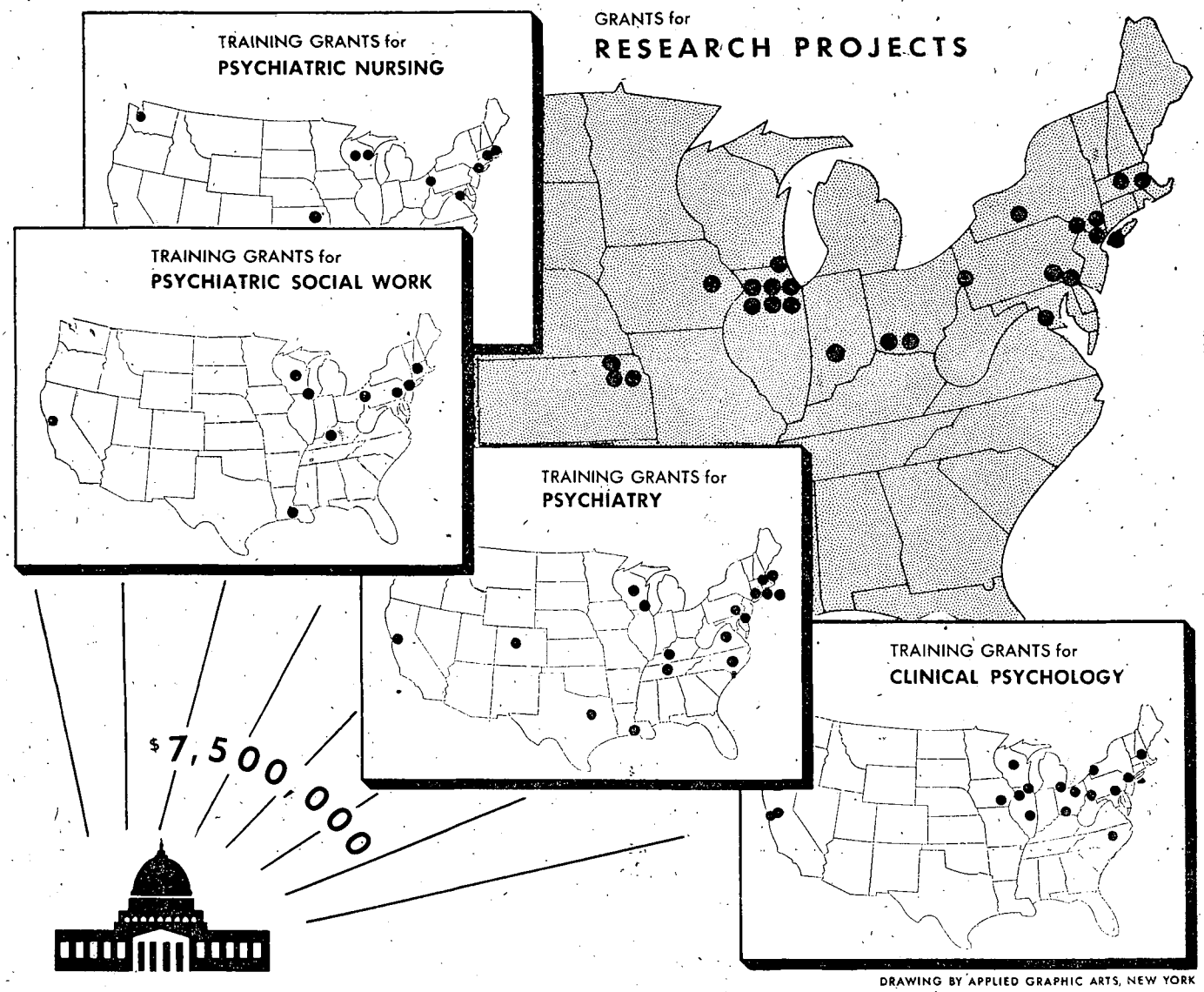

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of Mental Health, authorized under the act, where intensive research will be done by a full time staff and by advanced students representing all the sciences which may bear upon the problem of mental health. This group will carry on an integrated program of investigations, emphasizing the use of cross-discipline, research teams. For clinical observation the institute will include a hospital unit, with patients selected on the basis of studies being conducted. In its last session Congress appropriated $850,000 for the purchase of a site, and for the drawing of plans and specifications.

For the Future

One aspect of the training program which it is hoped will be developed in the next year is the improved psychiatric orientation of the general medical practitioner. Aside from the acute shortage of psychiatrists, the character and magnitude of the problem of mental illness makes it imperative that the family physician help meet it. In mental illnesses, as in others, he is the first line of defense; properly trained, he could deal effectively with the milder cases of emotional disturbance.

A goal toward which we all work is that eventually every community will have access to an all-purpose mental health clinic, either stationary or traveling, available to all segments of the population. Special problems, however, frequently make themselves felt in a community before the need of an all-purpose clinic is appreciated.

There may be, for instance, a pressing need for a child guidance clinic or for psychiatric services in the school or the court. The health department may initiate a mental health program by providing a physician or nurse with psychiatric training for its prenatal or well-baby clinics; or it may decide to conduct an institute in mental hygiene for its public health workers. Perhaps a community may wish to promote a marriage-counseling center or mental hygiene discussion groups in schools and colleges. These are but a few of the many types of services with which a state or community may begin its mental health program. But it should not stop there. The program should logically and progressively be expanded until mental services for the entire community are provided.

The Public Health Service feels it is to the advantage of the patients and the community to have a mental health program integrated into the general medical program of the community. If out-patient clinical facilities are available, psychiatric services should be woven into them. The fact that the mental health facilities are not segregated would tend to remove, in the eyes of the community, much of the stigma that is still attached to any form of mental illness—thus encouraging patients to seek help earlier.

As these facilities are developed in the community and as they are accepted and recognized as being of value, a

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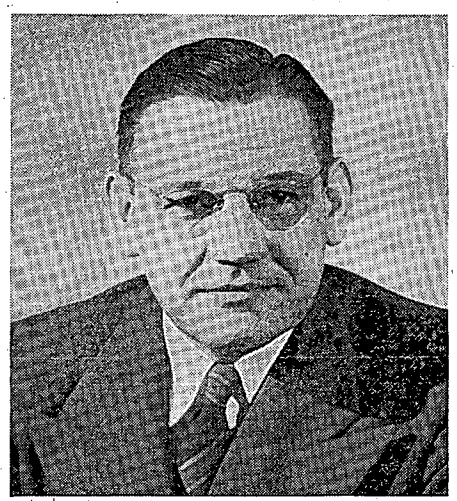
logical and effective job of educating the public will be done. People will see mental hygiene in action, they will learn that cases can be found early, and cured or materially helped, and they will begin to think of mental illness as they would any other ailment.

Lest hope is aroused that the millenium in psychiatric services is nearly here, it must be pointed out that the need for mental health services is great everywhere and that the shortage of personnel makes the provision of the full quota of services not immediately possible. This means that, at least in the initial years of the program, the need for mental health services may go unmet in many localities. It also means that cooperation among state and community organizations is essential from the very start, if an equitable statewide program is eventually to be realized.

The acceptance by your federal government of greatly increased responsibilities in the field of mental health is of tremendous significance. But it in no way lessens the responsibility of the individual states. Quite to the contrary.

The success of the program depends upon the type of teamwork which has proved so effective in other fields of public health—the cooperation and participation of states, communities, and public and private professional and lay organizations. With such teamwork this naton can look forward with confidence to the conquest of one of mankind's worst afflictions—mental illness—and to a successful program of prevention.



Advance guard in the government's fight for mental health — Dr. Felix, Attorney General Parran, and Mr. O'Keefe

Laying the Groundwork

A special report by DANIEL E. O'KEEFE, consultant in psychiatric social work to the mental hygiene division, USPHS.

The blueprints of battle in the government's war against mental illness call for four kinds of specialists—psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses. The plan of attack fans out in three directions, toward getting at the causes of mental illness, toward producing enough well trained specialists to meet the need, and toward getting services to all people the country over.

In the first year after the 79th Congress enacted the National Mental Health Act, the mental hygiene division of the U. S. Public Health Service, with the advice and assistance of the National Advisory Mental Health Council, developed these blueprints and planned the attack. The staff of the division was expanded to include representatives from each of the four specialties, and the division itself was organized on the basis of the three major fields of division responsibility—research, training, and community services. Advisory committees in these three fields were also set up to assist the council, with representatives from each of the four specialties appointed to each committee.

In order to launch an intelligent attack on the problem of mental illness, an effort was made to determine the extent of the problem. Surveys have been made by the Public Health Service to learn of the facilities available for the care and treatment of the mentally ill, the training facilities available in each of the specialty fields, the organizational structure of the state mental health departments, and other pertinent facts. Similar surveys are being carried out by each of the state mental health authorities, which, under the provisions of the act, are responsible for the planning of a statewide mental health program.

Training—A Top Priority

The urgent need to improve and expand training facilities commanded top attention in the battle sector assigned to psychiatric social work, when the consultant in psychiatric social work was appointed to the mental hygiene division of USPHS in October 1946. At that time there were fourteen schools of social work approved for the training of psychiatric social workers by the American Association of Psychiatric Social Workers. With the administrative and teaching staffs of each, the consultant discussed the pro-

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visions of the act and the ways in which it would assist the training centers in the expansion or improvement of their training facilities. Matters contingent upon an expanded program were also considered—the need for funds to employ additional faculty members for teaching and supervision, to acquire additional nonprofessional personnel, and to pay for the necessary supplies, equipment, travel expenses.

Several of the schools of social work were found to be anxious to include a third year of training for individuals who had acquired their master's degrees and had had three or more years of successful experience in the field. It was their feeling that such an opportunity would attract individuals of great promise. This development was welcomed by the division, whose studies had shown that there was a serious deficiency of supervisory, teaching, research, and administrative personnel; and when the stipend plan was established, the division had carefully considered this type of training.

The stipend plan which was finally developed provides support for the first, second, and third years of training. Stipends for the first-year level were established after much discussion as to their advisability. It was questioned whether schools would feel in a position to recommend a first-year student for a stipend from funds earmarked for mental hygiene training since the faculty at most schools regards this year of training as a period of orientation to the entire field of social work, offering an opportunity for the careful evaluation of the student's personality and capacity for psychiatric social work.

However, it was believed that certain selected individuals without graduate education who may have had experience in a psychiatric setting and who were mature and sincerely interested in preparing themselves for a professional career in psychiatric social work would need some form of help for this training.

With this purpose in view, a first-year stipend of $1,200 was established. A $1,600 stipend was designated for individuals who have completed the first year of social work education, who desire training in psychiatric social work, and who have been evaluated by the faculty as competent professionally and personally. A $2,400 stipend was offered for the third advanced year of training in order to attract individuals who, after several years of experience, find it difficult to finance additional education. In all cases, the stipends awarded were to be made on the basis of merit, with the individual applicant being reviewed by the faculty and selected according to their standing.

In answer to the public announcement that all training centers might have an opportunity to apply for these funds, applications from thirty-one training institutions were received by the Public Health Service for grants to be used for the training of psychiatric social workers.

During the month of April 1947, the council and its committees met in Washington to consider training applications and requests for research grants. The Training Committee was divided into four subcommittees to consider applications in the four fields.

At that time it was expected that approximately one million dollars would be available for training. This sum was apportioned to the four fields, with 40 percent for psychiatry and 20 percent for each of the other fields.

Principles and Criteria

The members of the subcommittee for psychiatric social work, who were Dr. Frederick Allen of Philadelphia, chairman, Dr. Marion Kenworthy of New York City, Dr. John Murray of Boston, Mrs. Elizabeth Ross of Washington, Miss Charlotte Towle of Chicago, and the writer, as executive secretary, developed nine working principles as follows:

1. That no funds for institutional grants for second-year training in psychiatric social work be approved at this time unless the second-year curriculum of an individual school is acceptable to the American Association of Schools of Social Work and unless that association will take the responsibility for recommending to that school that it develop a psychiatric social work curriculum. It is not considered the responsibility of the United States Public Health Service to finance the initial development of the second-year curriculum in a school of social work.

2. That no grants will be approved for the financing of field work centers which are not integral parts of the master's degree program in a recognized school of social work.

3. That applications will not be approved when a school is in process of reorganization or when the leadership of a school is in question, pending reexamination by the American Association of Schools of Social Work.

4. That permanent or expendible equipment will not be authorized at this time, but that a grant of 8 percent for overhead costs for all projects would be authorized.

5. That no grants for the specific development of first-year casework training will be authorized.

6. That it will be the policy of this subcommittee not to grant stipends for first-year training in social work at this time.

7. That third-year programs at schools which have strong second-year programs will be considered.

8. That schools which are developing programs in geographic areas where first-and-second-year students are available will not be granted stipends at this time. This is based on the fact that such schools can draw on the population in the immediate area of their schools.

9. That the subcommittee will not endorse the program of a school with a weak curriculum by the authorization of training stipends.

The committee developed the following criteria by which training institutions could be evaluated:

1. That provision should be made for a professional standard-setting and field-consultation position under the auspices of the American Association of Schools of Social Work.

2. That there should be a widening of the base of teaching and field supervision in the most professionally sound and well-established psychiatric social work programs to increase the quantity of well-trained psychiatric social workers for the field.

3. That the three major schools submitting applications should be assisted in their exploratory development of a third-year program for mature students, intended to train these students in the areas of teaching, administration, and supervisory responsibility.

4. That there should be a recognition of the need to increase the professional personnel available and to permit the development within the second training year of further field facilities in schools which have strong leadership and, in addition, have approved psychiatric social work curricula, which are widely placed geographically, and which could be expected to assist in improving the quantity and quality of competent workers in areas of serious dearth.

The total amount of funds recommended by the Training Committee for training grants and stipends in psychiatric social work was approximately $340,000. Since Congress had not yet taken final action on the Appropriation bill at the time of the committee's last meeting, only those schools with a high rank could be informed that they could expect to receive funds. After the passage of the Appropriation Act, final word was sent to the following training centers which were to receive grants and stipends:

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American Association of Schools of Social Work, University of Chicago, New York School of Social Work, University of Pennsylvania, University of Pittsburgh, Smith College, University of California, Tulane University, University of Minnesota, and University of Louisville.

No stipends were granted to the American Association of Schools of Social Work nor to the University of Louisville, which was in the process of organizing a new psychiatric sequence.

As these training programs begin operation, an annual program audit will be carried out by the training and standards section of the Mental Hygiene Division to evaluate the progress of training being accomplished at these cooperating training centers.

Among the States

With the passage of the Appropriation Act, it was certain that $3,000,000 would be available to assist the states and territories in developing their mental health programs. Each state must prepare a plan for developing its resources with particular emphasis on outpatient mental hygiene facilities.

Among the consultants who will be made available in division headquarters to assist the states in their planning will be a psychiatric social worker who will act in an advisory capacity in setting up personnel standards for state programs and in assisting the state mental health authority in planning the proper utilization of psychiatric social work services. This individual will also be responsible for reviewing state plans with regard to the adequate provision for psychiatric social workers in the state program.

Psychiatric social workers will be employed in the demonstration clinics which Dr. Felix has described, to assist in the necessary case work services as well as in the community organization aspects of the work. It may be expected that training institutes will also be sponsored by the Public Health Service for mental health personnel and that social workers throughout the country will benefit from this type of program.

The surveys being conducted by the Public Health Service will doubtless indicate areas of the country where there is a serious dearth of personnel and training facilities. When these facts are known, an attempt will be made to encourage the development of training centers to meet the needs of these areas. There is a well known concentration of schools of social work east of the Mississippi, particularly in the New England and mid-Atlantic states. When the complete needs of the southern and western sections of the country are known, training centers in those areas may be encouraged to develop the types of programs necessary to train individuals in the mental health specialty fields.

It is believed that the training specialists in the Training and Standards Section, as they carry out their duties, will be able to discover which clinics, mental hospitals, and social agencies have developed to a point of carrying the responsibilities of training students of social work in field work practice. This information will be made available to the schools of social work, and it is to be hoped that schools will more widely utilize field work facilities somewhat removed from the immediate vicinity of the school. If adequate numbers of mental hygiene personnel are to be trained, every resource in the country must be utilized to fill the gap in field work training facilities.

As the states are able to develop more adequate mental hygiene preventive programs as well as treatment programs, the need for consultants is expected to be greater. To meet this, consultants in the various specialty fields will be appointed to the U. S. Public Health Service district offices which are strategically located throughout the United States. Each district office is responsible for the field activities of the Public Health Service in the states within its area. These consultants will be available for the states in developing and expanding their programs as specialized personnel in psychiatry, clinical psychology, psychiatric social work, and psychiatric nursing.

Of future interest to social workers are the plans of the Public Health Service to expand research activities. In order to solve the many enigmas of mental illness, it is hoped that better methods for the treatment and prevention of mental illness can be discovered. In turn, the results of this research can be projected into a national preventive and treatment program through the resources developed by the states.

In the area of psychiatric social work, the need for research is particularly great, and here, as with the other three specialty fields, two methods will be used to develop research personnel and to encourage research projects. First, it is expected that research fellowships will be made available to workers in all four specialty fields, including psychiatric social workers, in order to encourage individuals with research ability to develop their capacities further. Second, research projects may be submitted to the Research Section of the division for consideration and review and then presented to the Research Committee for action.

It is also hoped that, in the future, the training specialists in the Training and Standards Section may assist in the development of training materials which can be made available upon the request of training centers or of state mental health authorities. This material could consist of agenda for in-service training seminars, sponsored by the authority, for mental hygiene personnel within a particular state, or training films which could be supplied to centers for use in their regular training programs. This whole subject will be explored, and any material developed will be made available through the Mental Hygiene Division.

The battle strategy of this war on mental illness calls for patient and persistent examination into the causes of mental illness, constant seeking to improve the skills of treatment, and a continuous effort to expand services until they come within the reach of all who need them. Through such projected plans as the demonstration clinics and the traveling clinics in rural areas, the Public Health Service will endeavor to test and develop experimental ideas in the mental hygiene field, so that the strategy may prove successful. Any new method which offers hope for the prevention of improved treatment of mental illness will have the support and interest of the service.

Although many of these activities are at present only in the planning state, it is hoped that through the efforts of these first years the groundwork will be laid for a continuing and expanding program for the control and prevention of mental illness in this country.

The members of the National Advisory Mental Health Council are Dr. Edward A. Strecker, University of Pennsylvania School of Medicine; Dr. David M. Levy, New York; Dr. William C. Menninger, medical director, The Menninger Clinic; Dr. John Romano, professor of psychiatry, University of Rochester School of Medicine; Dr. Alan Gregg, director, the Medical Sciences, Rockefeller Foundation; Dr. Karl M. Bowman, Langley Porter Clinic, San Francisco; Surgeon General Thomas Parran, chairman, ex-officio. Dr. Gregg and Dr. Bowman succeeded Dr. Frank F. Tallman and Dr. George S. Stevenson, whose terms expired in August 1947.

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Drawn for *Survey Midmonthly* by Marguerite Drewry

One of the seventeen mobile units at work in a devastated outpost, sketched from wood carving done "on the spot" and presented to author as parting gift from "Team 8"

Faith Rekindled!

IRENE ELLIS MURPHY tells a story of the voluntary "yeast" in America's "dough."

From vivid memories of my Philippine mission this is a salute to the distinctive role of the American voluntary agency. It is also a salute to lessons learned from mistakes made in our own depression, fifteen years ago.

Previously, at home, I had belonged to the pro-governmental agency wing of social workers. Private agencies seemed to have lost the characteristics essential to make them the crusaders, the experimenters, the quick, facile, responsive agents of the generous American heart. My assignment as field representative of Philippine War Relief of the United States rekindled all the old faiths we have had about the unique role of the voluntary agency. In a new setting, lessons learned in those overwhelmingly confusing depression days of unemployment relief, soup kitchens and the red apple, were rapidly put to work because of the flexibility and freedom of voluntary agencies.

The voluntary pennies contributed to Philippine War Relief through the National War Fund campaigns in the United States totaled up to about twelve cents for each of the 18,000,000 Filipinos. Against that, UNRRA put in sixty-six cents and the U. S. Government about $22 in direct payments for proved and notarized war damage claims. But I know that the prompt generosity, the flexibility, the speed with which these pennies came in days of critical emergency multiplied their value a hundredfold. And I would rather have had the lessons learned from our depression than to have had three times as much money without it.

To save the Philippines, our proud little foster democrary in Asia, we practically had to destroy it. The only Christian democracy in the Orient—with public education, public health, universities, with sewage, with bathtubs and boulevards.

In early 1946, when I arrived, the Pearl of the Orient looked like a gigantic shantytown of our own Thirties. The people resembled a bonus army that has camped on the outskirts of town for two years, in pasteboard carton lean-tos with roofs of scraps of burned tins, with rivulets of sewage in the front yard. Roads bombed. Bridges hanging like sagging hammocks across wide swift streams. Telephones that didn't work, mail that didn't go or

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come, trains and buses that didn't run.

Living in the midst of this Shantytown, I found, not John Doe, but his Oriental prototype, Juan de la Cruz. Juan is quite different from John in many outward respects. Different color, different job. Juan's job is walking behind a caribou, knee deep in the mud of a fertile rice paddy. Only now, the caribou has gone because the Japs ate him. No rice seedlings. The soil had gone sour after four years of war. Juan lives in a Nipa thatch hut and has more children than John. Two more to be exact, or four altogether. But Juan is as proud and independent as any New England Yankee. Juan de la Cruz is only the symbol of the postwar man, without work animals, without seeds, with new, war-born bacteria in his chest and blood stream.

The war had made his world go haywire just as suddenly as the depression had made John's. He needed help from someone who sensed what he needed to get on his feet, until a good harvest. He needed it quickly, decently, adequately, and briefly. So did the John Doe of our own Thirties.

I found Juan complaining about the relief program in exactly the same way that John did. With a warming and nostalgic humor I heard the Manila Filipino living in these subtropics off the China Coast utter every single hope, fear, and charge that Americans did in my home town of Detroit in the 1930's. He was learning his lesson in the same hard way we did.

"The people who need relief don't get it. . . . It's been flour, food, but chiefly clothing that's been so badly handled." Thus went the rumors of the bewildered.

The "politicos" of 1946 were in for it, just as ours of the Thirties had been. "They just give to their friends and relatives in their own home towns. So went the prosecuting chant. How well I knew that there has to be a scapegoat when relief is inadequate to the need!

Voluntary Directives

The twelve pennies per capita of Philippine War Relief amounted altogether to about two million dollars. My directives were simple, ground out of the experience of our own depression years:

1. Let the programs bespeak the bona fide good will of the heart of America for human distress.

2. Use the funds to extend the Filipinos' own government services for the forgotten, neglected, off-the-road people who suffered most.

3. Employ an all-Filipino staff of the best professional doctors, nurses, dentists, social workers—180 of them—that you can find, and pay them adequately.

4. Bring supplies and staff in to coordinate striking power so that every dollar will count for most in terms of human wealth and recovery.

In other words, evolve a strategical plan for putting to work that two million dollars of voluntary American money.

Bricks Without Straw

Take the matter of morale. The Philippine people have all the wit and wisdom to do a good job for themselves. Fortunately, I knew that, for I had spent a year in the Islands in the early Thirties, when they were just beginning to take over the reins of their own government, as a commonwealth, under our Independence Act. The very fact that our agency, relatively speaking, had so little money meant that from the day I landed we *had* to put ourselves at their disposal, instead of asking them to put themselves at ours. We had to make bricks without straw, just as they were doing. Our good strong American heart had to shine through a mist of inadequacies, shortages, and frustrations, and the light that did come through helped their morale no end. As they put it, "This is the America we prefer to cherish."

I knew also that it would do no good simply to put ourselves at their disposal in Manila, any more than an American private agency can do much good by just spending its time in Washington. We had to get out into the back country, to the other Islands, let people see us, know that America did have a heart as well as a remote pocketbook. Before I left I had visited thirty-nine of the fifty provinces, carrying my own straw bed mat and sharing sleeping space on split bamboo floors.

Take the matter of personnel—key not only to our operations but also to those of the Philippine government, UNRRA and other voluntary agencies. We stuck to our directive. Altogether, we recruited and put to work seventeen doctors, seventeen dentists, thirty-five social workers.

The magic figure seventeen is due to the fact that we operated through seventeen mobile units, whose seventeen driver-mechanics were almost the "lead" horses of these teams of specialists. Before the year was out we had sent them into every province. They had given personal service to over one and a half million people. Theirs was indeed a vivid demonstration almost literally at the grass roots, of what competence and training could achieve in the administration of relief and personal service.

Hampered by its rules and regulations, UNRRA could not, as could our little private agency, show people how the job ought to be done. In general, UNRRA was good. I saw it bring the price of bread down from $2 a loaf to 20 cents. I saw its volume of supply break the black market in canned milk for babies. But it left dangling the end distribution of its product. To "let each receiving country administer its own UNRRA relief" sounded good. We voted for the idea. But the Filipino politicos were not trained to administer relief, any more than ours had been in the 1930's.

Before I left, the Philippine Government had come to realize that elected officials were not necessarily good relief administrators. It established a corps of paid civil servants to do the job. The Island government has now accepted and established the principle of competence in relief administration.

Counting for Most

Take the matter of using what little we had where it would do the most good. I remember starting off for a trip through northern Luzon with two bales of new dresses, handmade by American volunteers. I had calculated in my Manila office that it would be fair to distribute about ten of these to school girls in each town, during my whole itinerary.

Within five minutes after our first stop at Candun, 100 little girls appeared. They were all equally ragged. Even if I gave way all of my ten dresses, ninety little girls would be left who would go home and tell their parents that the "American lady" had made a mistake and given the dresses to girls who didn't need them. Our real "mistake" of course was that we simply didn't have enough dresses.

This was typical of all our supplies. It would have taken a miracle of the loaves and fishes to make them go around. What we did later, in the case of the dresses, was carefully to calculate our supply and finally decide that we had enough to issue clothing to girls and boys *who couldn't go to*

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school at all for lack of it. With the help of teachers we found them hiding in their thatched homes, literally naked or with ragged loin cloths, ashamed to mix with their fellows. As it worked out, these children constituted about 25 percent of the school population in some provinces. For them we had enough.

I remember another trip to the provincial hospitals where I saw operations performed without anesthesia. In one—in Davao—a boy of nine was having his left leg amputated below the knee. He had been dynamite fishing. His parents, jaws gripped in sympathetic agony, eyes staring dully with resentment, held him down. Doctors and nurses worked quickly—with no ether, no gloves.

Within the next forty-eight hours, from our little warehouse in Manila, we had flown enough ether and gloves to Davao to last that hospital for a year.

One Passed By

In terms of our strategical plan we had "supplemented the Filipino's own government service" and certainly had brought "supplies and staff into coordinate striking power to do the maximum of good for human health and recovery."

One opportunity to "coordinate striking power" passed me by, and as long as I live I shall regret it. If under our own private auspices we had just one ship, to use quickly without reference to intergovernmental channels! But the story so well illustrates what voluntary agencies can do—even though we did not—that it may be worth the telling.

I had just come back to Manila from a trip to Taal, Batangas. There, over the door of the municipal dispensary, a sign had hung askew, tilted in the bombing. Inside was a bare room; empty shelves; a rusted collapsed metal examining table, down on its front legs, like a camel. There was a desk and two chairs, one for the public health officer, the other for his patient. The officer, a civil servant, had a good record, was still on the payroll, able and anxious to attend to the public health. But his only "medical" supplies were a pad of forms, death certificates. Needless to say he had no patients. And plenty of use for his forms.

With this picture fresh in my mind, I happened to glance out of my office window upon huge piles of boxes under tarpaulin lying all over the Bureau of Health's compound. They looked like a herd of elephants with gray sheets over them.

"What's all that pile of stuff?" I asked.

"Medicine from the American Army," came the answer. "When MacArthur pulled out in September 1945, the army turned it over to us. It was medicine intended for civilian casualties during combat."

"Why hasn't it been sent to the provinces?"

"Why, lady, all of the inter-island ships were sunk, you know. How would we move it?"

And then with courteous *non sequitur,* "We are grateful though for the generosity of the American Army. There's lots of wonderful stuff there. Instruments, vitamins, atabrine, ether."

No ships! Manila Bay was so full of army-navy craft that at night with their lights on, it looked as if the bay were the city, and the city a bleak, empty bay.

So we got together representatives of all the health agencies and went in a body to the Admiral of the Navy.

"Look, sir," we said, "here is a million dollars worth of American medicine in the San Lazaro compound, deteriorating under the sun and rain. It is needed desperately in the Island provinces. But the Philippine government has neither ships nor funds. Can you help?"

"Well, that is a difficult matter. We are undermanned and shrinking our personnel every day. The folks at home want their boys back fast. Anyway, that is not in our jurisdiction."

No doubt he was acting in line of duty. But I would have given a kingdom for a ship, flying a Philippine War Relief pennant, with which "to meet crises with flexibility."

Voluntary Know-How

Common sense always seemed to come the hard way. We can thank, if that is the way to put it, our depression for bringing it our way in relief administration. What rekindled my faith in American voluntary effort, was its capacity to translate that "know-how" to a far distant Oriental people, to give them courage by the example of its adaptation, to supply this yeast instead of the more ubiquitous American "dough."

The "know-how" of common sense is always simple. As simple, I think, as this:

Have a Good Heart. If our moral motivation is born of bona fide good will with a passionate belief in the intrinsic value of human life our relief will carry a regenerative power to those it reaches. If, however, it is born of suppressive fear, of political strategy, accompanied by military pacification it will, by the same token, carry its own intent with every pill and grain of rice.

Have a Sound Head. Figure out, beforehand, what needs to be done first, second, and third. Figure out how many objectives actually can be reached, and how. How much human health, welfare, and crops can be produced per dollar invested. How quickly can the afflicted get over to their own first good harvest.

Have a Practiced Hand. It costs money to distribute relief—be it food, medicine or seeds. At the long end of the helping hand, two people have to come face to face. One the distributor, one the recipient. Relief is not self-distributing. The end distributor must know and be in harmony with the original heart and head which sent him on the errand.

Have a Pocketbook. Be it large or small, be sure it fits the job we select completely, not partially. Not a pocketbook for supplies only, but no salaries; or for some salaries but not all of them; for supplies but no transportation. Have a contingency pouch in the pocketbook to pay for the unexpected, the crisis, the small act of wisdom which may have more effect than the whole program.

Have a Voice. Publicity is as indispensable an ingredient as a box of medicine. Tell the staff, the recipients, and all of their countrymen what can be done and how it is to be done. Bid the eligible come to the door.

Have an Ear. Let the recipients, their leaders, their neighbors tell us when we are hitting the mark and when we are not. They are the signal corps, listen to their messages.

Have a Light Foot. Be able to change position, move to a more acute area, change treatment, re-balance staff and supplies. Be fleet, for "he who gives quickly gives twice."

So, through our voluntary foreign relief agencies do we combine the good heart and the plain horse sense of America.

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The Community Welfare Dollar

The sources and spending of money supporting our complex health and welfare program, analyzed by ESTHER M. MOORE.

If Dr. I.Q. should ask that inevitable "gentleman in the balcony" how much money is spent in his town each year for health and welfare purposes, the chances are the gentleman would be completely stumped.

The fact that health and welfare is a sizable financial enterprise representing an annual expenditure of *more than $30 for every person in the community* comes as a surprise to most people—even to many social workers.

In twenty-nine urban areas scattered from Seattle to New Haven and with a combined population of 17,628,375 persons, the total health and welfare bill for 1946 was more than $572,662,000. These communities recently completed a special analysis of the welfare dollar—where it comes from, and how it is spent. Their findings can be used to indicate the general pattern of expenditures in the average U. S. city.

The cost of health and welfare services in these cities ranged from a high of $55.07 per capita in one Pacific coast city to a low of $17.14 in one Southern community, but the majority of the cities spent between $25 and $35.* The total per capita expenditures appeared to bear no consistent relationship to the comparative wealth of the communities, as measured by estimates of "effective buying income." Many cities with higher-than-average welfare expenditures had relatively low income ratings, and vice versa. Nor did the size of population appear to influence greatly the size of per capita expenditures. (However, no areas under 100,000 population were included in this study.) There were decided regional differences, per capita expenditures being relatively high in Pacific Coast and New England cities, and low in southern communities.

Where the Money Comes From

An analysis of where the welfare dollar comes from becomes particularly significant in the light of our shifting concepts about the basic nature of social work. For example, there is increasing awareness of the fact that most families in the community, no matter what their income, *directly* benefit from the health and welfare program. This is borne out by special studies in several cities, which, through an unduplicated count of families served by health and welfare agencies, have shown that from 60 to 75 percent of all families receive direct service (through one or more family members) during any one year. Such facts suggest that the role of fee payments in the financing of the services might well be re-examined.

There is also a new emphasis today on the concept of health and welfare services as a broad community program of insurance and protection, from which *everybody* benefits indirectly. This also sharpens the whole question of who should pay the bill and leads directly to the perennially favorite topic, "Relationships of Public and Private Agencies."

The expenditure figures throw light obliquely on all of these questions, for the welfare dollar comes from a variety of sources which reflect the complexity of the program. One group of agencies is financed to a major degree from fees paid by persons directly benefiting. For instance, payments for service amount to 70 percent of the income of summer camps, and 62 percent of the total community hospital budget. Another block of services is supported largely through a "common community pool" of contributions to which everyone gives what he is able, so that services may be available to all. These agencies, which usually are among the Community Chest Red Feather services, include the Scout and Camp Fire programs, for which contributions supply approximately 70 percent of the total funds. Family services with a primary social adjustment function are dependent on contributed funds for 72 percent of their total income.

The responsibility of the government to provide basic economic assistance and

This article is based on a study of total health and welfare expenditures in a group of U.S. cities. A complete report of the study, including detailed data for thirty-one cities, is available from CCC, Inc. The study was made in connection with the Social Statistics Project, formerly sponsored by the U. S. Children's Bureau and now under the auspices of the Community Chests and Councils, Inc., Department of Statistics and Research, of which Mrs. Moore is director. Kenneth Wood, associate director of the department, was directly responsible for supervising the national collection and tabulation of the data.

The study includes only current operating expenditures for services organized on a continuous basis, for the benefit of residents of the community and those non-residents for whom the community generally accepts responsibility.

Some important services were considered to be beyond the scope of this study. These include: educational and religious activities; services for the detention and punishment of adult criminals; services of the Veterans Administration; social insurance; the judicial function of juvenile courts.

The figures reflect actual expenditures. To determine the source of funds expended, the percentage distribution of total receipts, by source, was applied to the total expenditures of each agency.

The data show original source of funds expended and do not reflect the administrative auspices of the agencies using the money.

For a detailed description of the method and scope of the study see published report, "Expenditures for Community Health and Welfare," available from Community Chests and Councils, Inc.

* Per capita expenditure figures are used merely to facilitate comparisons between cities of various sizes, and they should not be considered as "average" expenditures for each possible *recipient* of service. For the sake of simplicity, this article will analyze expenditures chiefly in terms of aggregate figures for the entire group of cities studied.

Cities participating in the study: Baltimore; Buffalo; Hartford; New Haven; Providence; Rochester, N. Y.; Springfield, Mass.; Akron; Cleveland; Dayton; Des Moines, Ia.; Kansas City, Mo.; Milwaukee; Omaha; St. Louis; St. Paul; Toledo; Wichita, Kan.; Atlanta; Dallas; Galveston; Little Rock, Ark.; Louisville, Ky.; Nashville, Tenn.; New Orleans; Norfolk, Va.; Tulsa, Okla.; Los Angeles; Portland, Ore.; San Diego; Seattle.

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dependency services is well established, as illustrated by the fact that tax funds are virtually the only source of support for this part of the health and welfare program.

However, the income structure of most types of services does not reflect such clear cut acceptance of major financial responsibility. In the general casework area, aside from public assistance and care of dependent adults, the only services which appear to have established major claim to tax support are the specialized children's agencies, which receive 57 percent of their total funds from governmental sources. Contributions are a primary source of support for two types of agencies in the casework field—family social adjustment services and maternity homes. Recent trends toward charging fees for family counseling services have not as yet resulted in any significant revenue from fee payments, in terms of the total budget. See Table 1.

In the health field, provisions of basic health services by city funds is adequately reflected in the expenditure figures; tax funds also are a major source of income for nursing agencies and clinics. Contributions play a relatively slight role in the financing of this field, where generally speaking, services are paid for by direct beneficiaries (as in the case of hospital care), or are provided through public funds. Nevertheless, the "budget balancing" function of contributed funds is illustrated by the fact that clinics and nursing services also receive significant revenue from this source. See Table 2.

In comparison with the other fields of service, public responsibility for urban leisure time programs of recreation and education appears to lag. Less than 30 percent of total funds for the leisure time field as a whole are from tax sources, and virtually no public money goes into the strictly group work programs. In this field we see a mixture of the "common community pool" concept and the "self support" plan. For example, such agencies as the YMCA and YWCA receive substantial net revenue from non-recreational activities, such as housing and food service, and also from fees for recreational services; but they are still dependent on subsidy from contributions to finance 41 percent of their work. Governmental sources do, of course, furnish major support for playgrounds and the general city recreation activities, and a significant amount for neighborhood-centered building programs. See Table 3.

Community welfare planning activities are supported chiefly through community chest funds, but common services, such as social service exchanges, receive more than one third of their total income from public sources.

1. Source of Funds Used To Finance Economic Assistance and Social Adjustment Services in 29 Urban Areas, 1946

Type of Service	Total %	Public Funds %	Contributions %	Payments for Service %	Other %
Public Assistance Services	100.0	99.7	a	.03	a
Institutional and Custodial Care of Adults	100.0	43.2	18.6	20.9	17.3
Family Services Primarily Social Adjustment	100.0	17.2	72.4	3.7	6.7
Specialized Services for Children	100.0	57.1	22.8	14.9	5.2
Specialized Services for the Handicapped	100.0	8.6	7.6	2.2	81.6(b)
Maternity Home Care	100.0	7.4	56.3	23.4	12.9

(a) Less than 0.05
(b) Largely income from sale of goods made in sheltered workshops, etc.

2. Source of Funds Used to Finance Health Services in 29 Urban Areas, 1946

Type of Service	Total %	Public Funds %	Contributions %	Payments for Service %	Other %
Health Services, Total	100.0	37.1	4.8	55.0	3.1
Hospital In-Patient Care	100.0	32.8	2.8	61.9	2.5
Clinics and Out-Patient Care	100.0	52.2	16.5	21.9	9.4
Nursing	100.0	68.7	20.1	8.7	2.5
Other (Includes Public Health Dept. activities)	100.0	72.4	18.2	5.6	3.8

3. Source of Funds Used to Finance Recreation, Informal Education, and Group Work Services in 29 Urban Areas, 1946

	Total %	Public Funds %	Contributions %	Payments for Services %	Other %
Recreation, Informal Education and Group Work-Total	100.0	27.8	34.0	25.9	12.3
Communitywide Building Centered Programs	100.0	0.8	41.0	34.6	23.6
Neighborhood Building Centered Programs	100.0	32.7	56.3	5.9	5.1
Neighborhood Non-Building Centered Programs	100.0	9.2	69.2	13.8	7.8
Playgrounds and General Recreation Programs	100.0	68.5	0.8	21.3	9.4
Established Summer Camps	100.0	2.2	22.6	70.0	5.2

A Pattern

In the over-all picture, large public assistance expenditures dwarf the role of contributions and minimize the importance of fee payments. However, one pattern which shows up clearly in this picture of total expenditures in the twenty-nine cities is an indirect commentary on the relation between public and private financing.

The *proportionate* importance of tax funds in the total financing of health and welfare varies greatly in the different cities studied, ranging from more than two thirds of total expenditures to less than one third. However, there is a consistent tendency for relatively low per capita expenditures from public funds to be accompanied by higher

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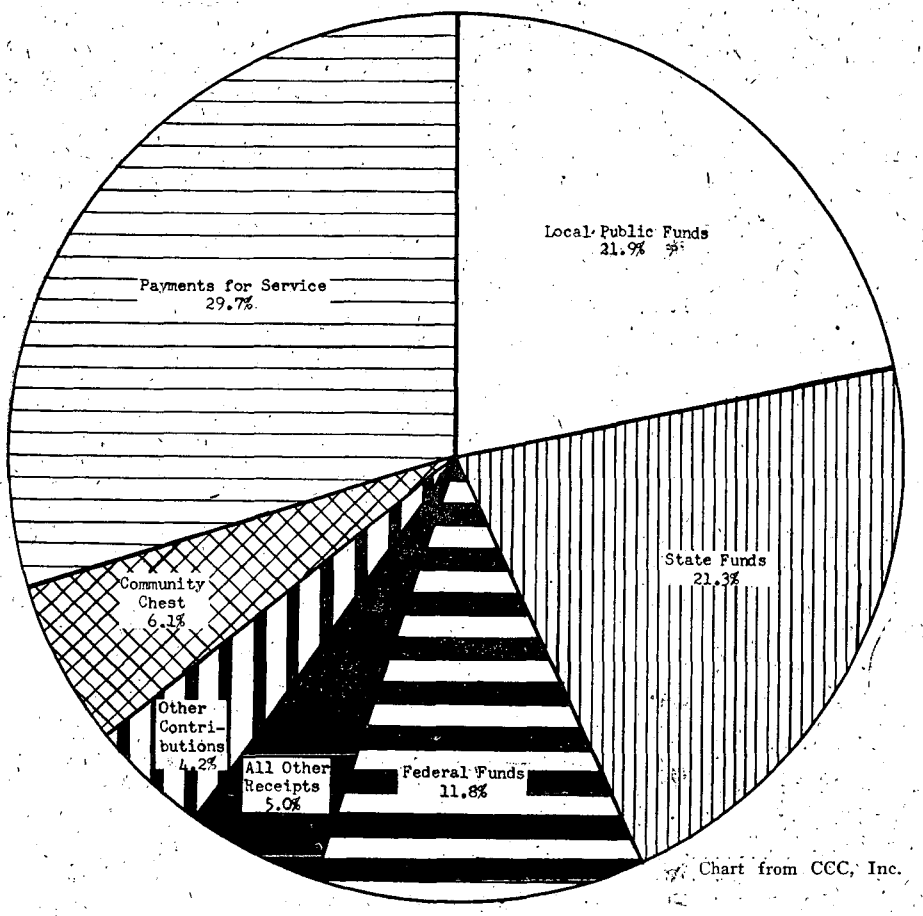

Showing the sources of funds used to finance total health and welfare services in twenty-nine urban areas in 1946

than average per capita expenditures from contributed sources. In other words, in cities where public expenditures are "below par," a higher than average per capita amount is apt to be raised from voluntary contributions, regardless of the city's rating as to *total* per capita expenditures.

Patterns of income structure which emerge from the expenditure figures, highlight those areas of service where the pressures appear to be toward primary tax support, and provide an effective backdrop for plotting the general direction of community chest spending.

Analysis of expenditures raises sharp questions about the dissipation of contributed funds through a "shot gun" attempt to fill gaps in all fields of service, in contrast to selection of specific types of service which may represent an essential voluntary responsibility. The community chest budget committee, in its attempts to maintain perspective on long range objective while meeting obvious immediate needs, may well start with careful scrutiny of those programs which are primarily supported through public sources.

With respect to the importance of fee payments in the financing of health and welfare, the expenditure figures seem to warn against being confused by the trend toward charging for services. Although revenue from fee payments may reasonably be expected to increase, there certainly will remain the need for subsidy of most services, through taxes and/or contributions.

How the Money Is Spent

Although 1946 was a year of general economic prosperity, when expenditures for general assistance and unemployment relief were relatively minor, nearly one third of the total health and welfare expenditures in the average city still were for services primarily designed to provide economic assistance. These expenditures were chiefly for aid to the aged and blind, and to dependent children, all of whose needs exist regardless of economic and business conditions.

Agencies whose primary function was "social adjustment," such as family service and specialized children's agencies, accounted for 14 percent of the total expenditures. Recreation and group work programs, public and private, cost about $2.40 per capita, or less than 8 percent of the total. The average community spent about 40 cents per capita for health and welfare planning and joint financing, and for common services such as the social service exchange.

The Most Costly

Hospital services were the most costly single item in the community welfare budget, accounting for nearly 40 percent of the total expenditures. Nursing, clinic and public health department services added another six percent, bringing the total "health" bill to approximately $15 per capita, or 46 percent of the total community expenditures.

Intercity variations in welfare expenditures provide interesting food for thought and a provocative testimonial to the need for effective local and national planning in the health and welfare field.

For example, the development of private family service agencies (excluding the Red Cross) appears to be quite uneven, if expenditure figures are a reliable indication. Among the cities studied, one reported no expenditures at all in 1946 for this type of service, and the others spent amounts ranging from 4 cents to 88 cents per capita. Seven of the eight southern cities, and three of the four on the Pacific Coast, were below average in family service expenditures.

Although reliable indices of social unadjustment in these communities are not available, it is difficult to conceive of this extreme variation as reflecting sound distribution of services in accordance with relative needs in the different cities. The range in expenditures for some of the other types of services, illustrated in the following table, speaks clearly of the need for developing measures of social need, and planning the health and welfare program in some relation to them.

Per Capita Expenditures, 1946

Type of Service	*High City*	*Low City*
Protective and Foster Care of Children	$ 2.98	$ .41
Recreation and Group Work	3.86	1.25
Health and Hospitals	27.43	7.56

Another illustration of extreme variation is the difference between the "high" city's total per capita expendi-

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cent rise in expenditures for recreation and groupwork and a 76 percent increase in the amount spent for hospital in-patient services. Another noteworthy though not necessarily surprising, shift during this period was a 30 percent rise in expenditures for the categorical assistance program. Expenditures for institutional care of children were one third higher in 1946 than in 1940, while protective and foster home services showed an increase of less than 15 percent.

A rough comparison of the volume of services rendered in these same communities during 1940 and 1946 suggests that in general, increases in expenditures are largely a reflection of rising costs of providing services, rather than extension of program.

For example, the volume of clinic and nursing service was substantially lower in 1946 than in 1940, although expenditures showed a slight increase. The number of children given protective and foster home care in 1946 was somewhat less than in 1940, but costs of providing these services rose during this period. One noteworthy increase in the volume of service occurred in the private family agency field, where more than twice as many direct service cases were handled in 1946 than in 1940, partly due to great increases in the volume of Red Cross services.

A 35 percent rise in costs of central planning and financing activities reflects two prominent changes:

Rising campaign costs which accompanied an increase of approximately 80 percent in the amount raised by most community chests.

Addition of new central services, including information and referral centers, volunteer bureaus, and so on.

Total expenditures for the health and welfare program were 17 percent higher in 1946 than in 1944, which was also a generally prosperous year.

Shifts which occurred between 1940 and 1946 in the proportionate share of total welfare costs borne by the various sources of income, highlight an apparent trend toward increased revenue from payments for service, which, in 1940, represented less than 12 percent of the total welfare dollar, and in 1946 amounted to nearly 30 percent.

The huge reduction in federal tax expenditures was again reflected in the figures on total support from public funds for all fields of service which amounted to only 55 percent in 1946 in contrast to 80 percent in 1940.

Out of the mass of facts and figures involved in a study of welfare expenditures, one gets a vivid impression of how enormous the program is—and how complex! Even in non-depression years its expenditures are sizable enough to demand the very finest lay and professional talent in planning and management.

The staggering complexity of the program also bespeaks the use of the best in administrative and organizational ability. Here, indeed, is a vast network of services designed to meet the need of families in all income groups, and embracing a variety of activities which call for skills ranging from management of institutional laundries to highly technical casework and counseling.

This is the picture of your community welfare dollar—where it comes from and where it goes. The picture is kaleidoscopic but it has one basic design—the simple purpose of meeting human needs.

Memorandum: Re Clerical Staff

by Libby R. Schechtel

THIS is a poem from the staff which is clerical,
Preoccupied mostly with matters numerical,
Records and duplicates, rubberbands, pencils,
Deliveries, telephones, switchboards, and stencils;
Caseworker's penmanship not always legible,
Not always animal, mineral *or* vege(t)able. . . .

The hair-raising stories on records we listen
Often including much lovin' and kissin'
Leading sometimes to conclusions hysterical!
Such are the risks of the innocent clerical. . . .

(Of course, our comments on lives which are checquered
Are strictly from hunger and off the record.)

Not only stories of love without caution
But problems of children are also our portion:
Problems which startle and some which are banal,
Frequently problems *dis*tinctly anal,
Problems of good or bad prognosis
But rarely beyond our combined diagnosis,
Our accurate guesses from knowledge empirical. . . .
Such are the skills of the agency clerical!
We love our work so raptly
But—how can we put it aptly?—
We sometimes wonder if all are aware
Of the occupational risks that are there!

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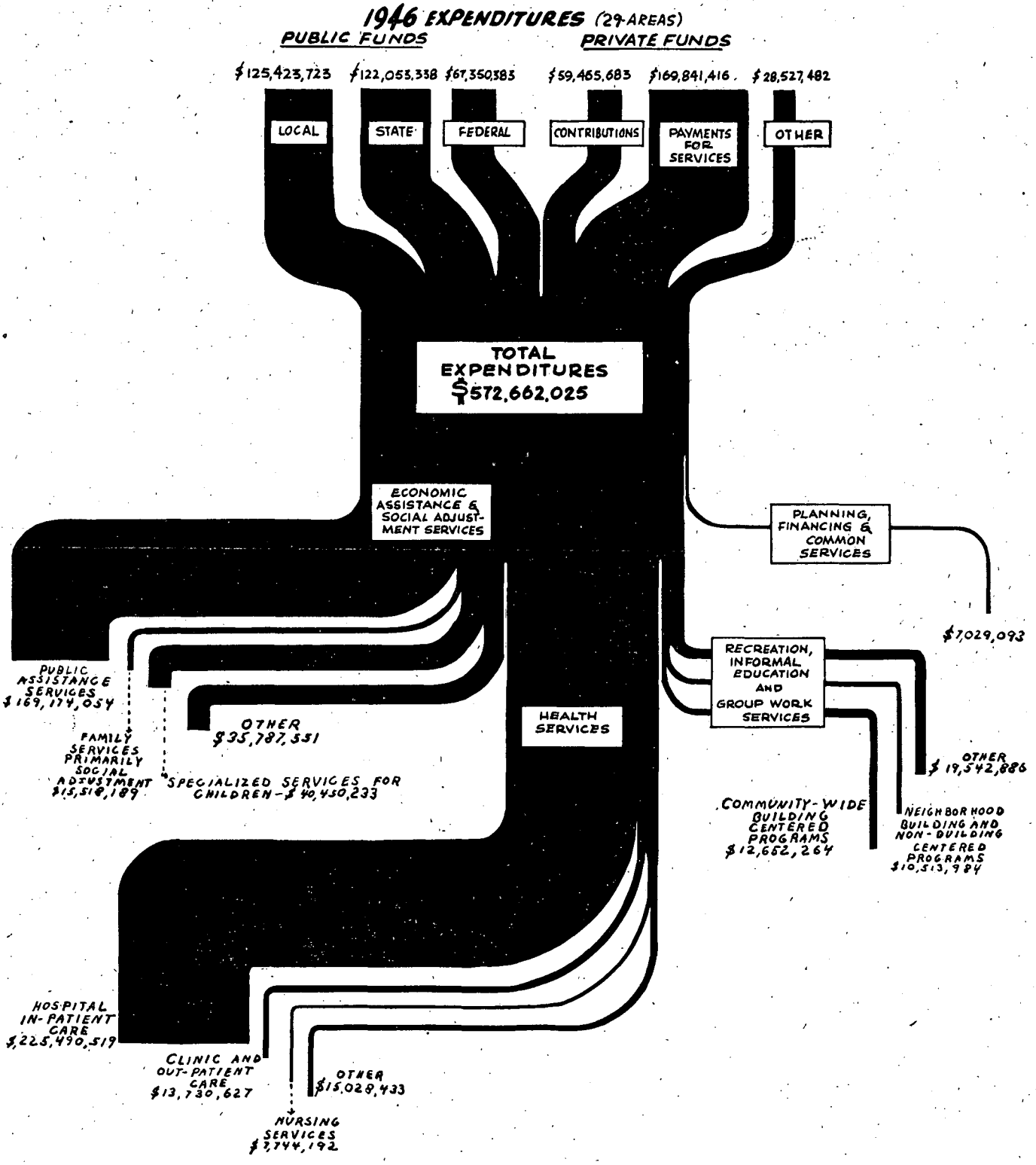
ture of $55.07 and the "low" city's $17.14. The "low" city spent less for the *total program* than the expenditures of some of the other communities for Public Assistance Services alone!

A look at the comparative figures for 1940 and 1944 provides an interesting reflection of the community welfare picture under varying economic conditions. (Comparisons between 1940 and 1946 include eighteen cities which provided comparable data; comparisons between 1944 and 1946 cover eleven areas.)

The 1940 figures are a vivid reminder of prewar days, calling up the ghosts of the WPA, NYA, and CCC which at that time accounted for nearly one third of the total expenditures. Disregarding the huge federal expenditures in 1940 for these now extinct programs, total costs for all other health and welfare services were more than one fourth higher in 1946 than in 1940. It is significant that this increase in welfare costs almost exactly parallels the decrease in the purchasing power of the dollar, which was approximately 25 percent less in 1946 than in 1940, according to estimates of the Bureau of Labor Statistics.

Expenditures for all types of service except the federal works program and general public assistance, were markedly higher in 1946 than in 1940, the outstanding increases being a 74 per-



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Crime Prevention in the County Jail

RALPH M. KRAMER, Jewish Committee for Personal Service, San Francisco, argues for casework service at this key point.

In all our modern talk about crime prevention, it is surprising that we hear so little about the county jail. Penologists, to be sure, point the finger of scorn at its equipment and administration. But caseworkers, psychiatrists, and other professional specialists, tend to ignore the large group of people whose constellation of significant behavior problems is regularly and routinely "isolated" within its confines. Logically at least, the jail would seem to be one of the focal points around which to organize the community's social treatment services.

We have, in this country, about 3,000 county jails and an additional 10,000 local lock-ups. Three million American citizens whose behavior, at least in legalistic terms, has been unsocial, annually spend some time in these oldest of our social institutions. It can be conservatively estimated that the families of half of these inmates are known to and often completely supported by local welfare agencies. Of the entire three million, at least a half million are men who have never been in jail before—and who thus are at the beginning, rather than the end, of what so often turns into a criminal career. Rarely can one find a man in a state prison whose record does not show some previous jail commitment.

The opportunity thus afforded for effective treatment and for sound planning in connection with a basic program for prevention is well expressed in a 1946 manual prepared by the American Prison Association:

"The majority of jail prisoners are urgently in need of help in the solution of their personal and family problems. Many of them will not succeed in remaining out of jail long without such help. Private and public agencies, especially those who have already had the prisoner's family as clients, should be urged to send their representatives regularly to the jail and give whatever assistance they can."

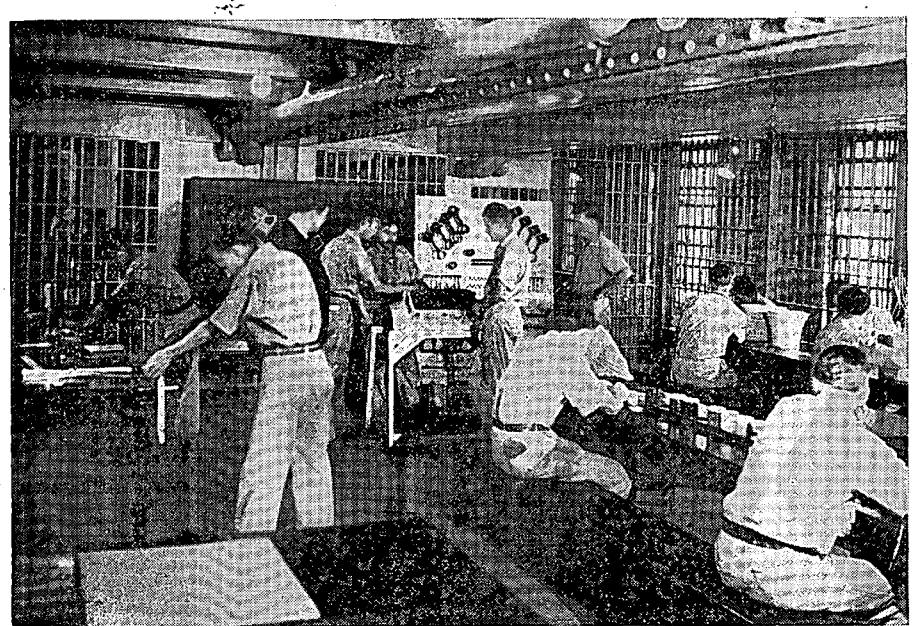
This failure to recognize the jail, and the adult court system which sends the prisoner to it, as part of a plan for the use of the community's treatment service is in sharp contrast to our planning for the prevention of delinquency among juveniles. Today, it is generally recognized that infraction of the law by a person under sixteen or eighteen is evidence of some behavior problem, often a whole series of problems, hampering the child's successful adjustment within his family and to society. More and more, the procedures of the court, the services of the probation staff, are planned and rendered in the light of that basic fact. Increasingly, the casework, psychiatric, health, and other services of the community are being put systematically at the disposal of these children and their families. The use of detention itself is evolving with considerable emphasis on diagnosis and treatment.

To be sure, the inmates of our jails are older, often less susceptible to social treatment than juveniles. But, as we have already indicated, a high proportion each year are first offenders, at least half already known to social agencies. There seems no reason to believe that constructive service offered to adults at this point, would not also prevent further trouble, in many instances.

Experience in the San Francisco Bay area tends to show that this is a valid assumption. For nearly twenty-five years, the Jewish Committee for Personal Services has been offering casework service to men who were sentenced to the county jail. Recently, under this agency's sponsorship, a nonsectarian demonstration project has been set up to experiment on a broader, more inclusive base. Under the auspices of a representative committee, of which the sheriff of San Francisco County is a member, part time caseworkers were assigned to the jail from the staffs of the American Friends Service Committee, the San Francisco Council of Churches, as well as the Jewish Personal Service Committee. Acceptance of service by the men sentenced to the jail of course has been voluntary.

West Coast Demonstration

To date our experience shows that about one man in five is ready and willing to accept the service offered. That is, about this proportion present genuine problems to the social worker, in respect to which they honestly want help. But our experience clearly indicates that those now asking for casework service are, on the whole, a group who can best profit from it. The majority have been comparatively young, 56 percent between the ages of twenty and thirty. Fifty-five percent have been



Courtesy The American Prison Association

"We should stop thinking of our jails as devices for punishment"

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first offenders. The majority are married, and 43 percent are high school graduates.

The men in our jail fall into two groups: those who are being held pending trial or sentence, and those actually serving a sentence—which may range from no more than a week to as much as ten months. Naturally, the services which our caseworkers can offer differ somewhat with each group.

Types of Service

Our experience shows that, generally speaking, there are five different types of service that we can render the man who is in detention.

First of all, we can answer some of his simplest questions about the way the law operates in his case. Many a man goes to jail for the first time without knowing the charge on which he has been booked or the legal procedures that he must follow. We do not give legal advice, but we can explain about the availability of the public defender, the use of bond, and other matters.

In the second place, we can give the prisoner very specific service by getting his clothes, paying his rent and other bills, and attending to a thousand and one matters which his sudden confinement left up in the air. The ability to supply both of these types of elementary information and service is an important step in establishing a successful casework relationship with the prisoner.

In the third place, once such a relationship is established, the caseworker can do much to relieve the anxiety caused by the prisoner's confinement. Discussion and interpretation of what will be involved in the impending confinement or probation can help shape his attitudes, and aid in the institutional or community adjustments which he must make.

In the fourth place, we can make contact with the prisoner's family and arrange for service which they need. As with the prisoner himself, an elemental explanation of the judicial process, interpretation of what the prisoner himself is going through, helps to relieve anxiety, to develop an attitude of helpfulness and establish a casework relationship favorable to the diagnosis and treatment of other family problems. Almost always, a host of very specific difficulties arise when the head of a family suddenly is confined in prison. Our caseworkers can help solve some of these, others are referred to community agencies.

Also, beyond these immediate emergencies, it is a fact that a high proportion of these prisoners' families present serious underlying problems of family disorganization. In the skilled diagnosis and treatment of them lies the hope that when the prisoner returns to his family group, conditions will be favorable to his own successful adjustment and behavior. Part of the task of our caseworkers, therefore, is to arrange for suitable referrals to agencies equipped to give the constructive service which such families need.

Finally, the service of our caseworkers is being used increasingly by the court itself. Our routine clearances with the social service exchange put valuable information at the judge's disposal. For first offenders particularly, much can be done by working out a plan and presenting it to the judge. An illustrative case is that of the forty-two-year-old widower, with two children, held on a petty theft charge. Our caseworker found that he was willing to make complete restitution and had assurance of employment from a relative. Incarceration would have meant placing the children, breaking up what had been a satisfactory home, to say nothing of the necessity of caring for both the man and the children at public expense. Presented with these facts, the judge readily decided to put the man on probation.

An illustration of a good solution for a more difficult problem is the case of a twenty-seven-year-old veteran, arrested for the first time on a charge of robbery. He first requested the caseworker to pick up some pay checks and store his clothes, but as he came to trust her, he revealed that in order to get relief from severe headaches, he had begun to take drugs. Other neurotic symptoms were apparent. The caseworker interested the Veterans' Administration in his case and the judge, once he understood the situation, was quite willing to place him on probation, with the understanding that he would receive psychotherapy — instead of sentencing him to useless and damaging incarceration.

Planning for Release

After the prisoner has been sentenced, the role of our caseworkers changes somewhat. As everyone knows, many men are sent to jail simply because the court does not know what else to do with them. The caseworker is able to introduce and influence some measure of individualization in their treatment. Frequently, it is possible to work out other plans than mere confinement for those who are mental defectives, psychotics, alcoholics, drug addicts, or who are suffering from some physical illness. With certain selected cases, also, brief psychotherapy is feasible.

Constructive Planning

But in the majority of instances, the most constructive thing the caseworker can do is to work out plans with and for the man following his release or during his parole. Traditionally, inmates of our county jails are released without any plan and small wonder that so many find their way back in so short a while. A typical illustration of what a case worker can acsomplish is the twenty-nine-year old first offender, serving a year's sentence for passing a bad check. Never married, he long had been dominated by his father, who was psychotic and in need of hospitalization. While the man was still in prison, the caseworker, with his consent, arranged for the father's commitment. Through a series of weekly therapeutic interviews, the prisoner gained sufficient insight into his relationship with his father to gain independent confidence in himself. On his release, the caseworker helped him find a job and he has maintained contact with her since.

The experience of this demonstration project shows that the problems presented by the adult offender in our jail, in the main, are not easy of constructive solution. Most of them reflect the failure of our social institutions and our community agencies. The family has failed, the school has failed, social agencies have failed to help these men work out satisfactory social adjustments. In many, the psychoneurotic nature of their behavior pattern is deeply ingrained. But our experience also shows that much can be done, particularly for first offenders. At the very least, the families of these men can be given service to help prevent more than one life from ending in tragic ruin.

The social agencies in our communities should stop thinking of the county jail as a device for punishment—outside the area of their responsibility. Rather should they think of it as a natural, focal point around which to rally their battery of diagnostic and treatment services in the interest of preventing further wasteful and unnecessary breakdowns of individual and family life.

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THE COMMON WELFARE

Good Beginning

The statewide conference for the extension of casework services recently set up in New Jersey under the auspices of the New Jersey Welfare Council and the State Department of Institutions and Agencies, constitutes a forward step towards checking juvenile delinquency at its source. The conference which will include the agencies, public and private, serving families and children throughout the state, will seek to strengthen and extend casework services to families showing such symptoms as mental illness, alcoholism, desertion, and health problems, all of which might result in delinquency.

Impetus for this strengthening of services to maladjusted families came from a recent study conducted in Connecticut under the auspices of the Public Welfare Council, on the causes of delinquency and child neglect. The study clearly demonstrated the close relation between the child's problem and an underlying family maladjustment, of which the child's behavior was a symptom. To discuss these findings, which were reported in a special section of the February *Survey Midmonthly,* Sanford Bates, commissioner of the New Jersey department, called a special meeting of public and private agencies last spring.

Initial plan of the conference is a statewide survey among 2500 agencies to determine the extent of their services, the areas served, the sufficiency of their staffing, and possible improvements in quality of work. One of the immediate problems, according to Mrs. William F. Campbell, president of the council, lies in the fact that casework services in the state are "spotty."

"Welfare workers are agreed," said Mrs. Campbell, "that a factor in delinquency is family disintegration. Our emphasis on family casework as a delinquency preventive is not a substitute for other excellent approaches to the problem. We do think, however, that welfare services to families under stress presents an excellent chance for lessening the maladjustment."

Findings of the Connecticut study showed that in 85 percent of 281 cases of delinquency and neglect studied, it was possible to identify one or more basic family disorders, such as emotional instability, mental deficiency, parental disinterest, mental illness, physical illness, cultural conflict, and poverty. In only 53 percent of the cases had the central cause of the underlying family difficulty been diagnosed, and in one third of these, there had been no treatment of the central problem at the time of the study.

Speak Up

Still somewhat awed at having survived the reading of *Survey Midmonthly's* Conference issue "from cover to cover," a reader recently wrote us that social workers are "so drained by the day-to-day job," that in their leisure hours they tend not to read professional literature, but to "escape into reading the slick magazines and mysteries."

If this is so, we feel we should report that one avenue of escape is about to be cut off, for the advisory committee of the *Journal of Social Casework* is hard at work on a project which hopefully will mean that next year's issues of slick magazines will be liberally sprinkled with articles about social work written by social workers.

In sponsoring a drive for popular articles, for publication of which they are already in negotiation with editors of mass circulation magazines, the committee is carrying into one more field the conviction that social work should speak out about what it knows. The meetings of the Family Service Association of America last fall (see *Survey Midmonthly,* December 1946, special section, "Whither Family Life?") emphasized the contribution which could be made to a broad program of education for family living by those who have accumulated experience and observation dealing with the symptoms and causes of family disorder. And though some social workers may have felt skeptical about how eager an audience there would be, the committee found that editors of these popular magazines had a "steady demand for articles in the general area for personal behavior and family relationships."

The slogan for potential article writers here, according to the committee, is to "present material about what social work *knows*—and not what it does or how it does it." Manuscripts are to be mailed by November 1, with permission to the committee to place them either for free or for pay. Authors receive checks in case of pay placements.

To the committee, and to those who take typewriter in hand to meet this lively challenge, our good wishes. And to "escape readers," now with backs against the wall, we offer, with due humility, all we can—a monthly session with your journal of social work.

Unfinished Business

When the 80th Congress adjourned, it left important unfinished business to haunt the Hill. Much of it pertained to matters of great concern to all health and welfare workers.

The bill authorizing U. S. participation in WHO passed the Senate unanimously but did not come up in the House in time for action. Participation by this country in the IRO was authorized and $71,000,000 was appropriated for the program, but no action was taken on the widely supported Stratton bill which would have permitted 400,000 DP's to enter the U. S. during the next four years.

Far from taking positive action on the Wagner-Ellender-Taft bill which would foster construction of 15,000,000 housing units to ease the housing shortage, the Congress moved, in the words of Senator Claude Pepper (D., Fla.), "in the direction of higher cost for housing," by its action on rent control, on delaying subsidies and removing government authority to allocate housing materials. However, an appropriation of $35,500,000 was made for the completion of some eight thousand temporary housing units for veterans.

Seven health bills, among them the Murray bill for compulsory national health insurance, failed of action, and consideration of basic changes in the social security program was postponed. No action was taken on the Taft-Fulbright bill to create a cabinet department of Health, Education, and Security.

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HERE IN WASHINGTON

IT WAS "WITH DEEP REGRET" that President Truman permitted the National Science Foundation bill to die by a pocket veto. As a matter of fact, the bill sent to the White House was regarded even by some of its best friends as an administrative monstrosity. As it was written it would have limited the President's power to the appointment of a twenty-four member part time board which would have named its own executive chairman. To quote an editorial in the *Washington Post,* a newspaper that had backed the proposal originally:

"Such an unhealthy pyramiding would have negated the President's authority over activities for which he is ultimately responsible. The men charged with supervising and stimulating government research in essence would have been controlled only by their own sense of self-restraint."

The President's veto calls for the rewriting of the bill immediately after Congress reconvenes. As a matter of fact, his signature would not have meant the immediate launching of the program, since Congress appropriated no funds for the foundation.

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THE HOUSING PROBE GOT OFF TO a bad start with Senators Charles W. Tobey (R., N.H.) and Joseph McCarthy (R.,Wis.) indulging in a bit of verbal hair pulling over the chairmanship. The New Hampshire Republican maverick had a seniority claim on the post but Senator McCarthy thought his co-sponsorship of the resolution authorizing the investigation entitled him to a deciding voice in the matter if not the actual job. Mr. McCarthy decidedly did not want his New Hampshire colleague heading up the investigating committee. The two have clashed sharply over such matters as the Taft-Ellenger housing bill.

The final selection of Representative Ralph Gamble of New York was a victory for McCarthy. Mr. Gamble has represented an ultra-conservative wealthy district, Westchester County, N. Y., since 1937 and if no one outside his district has ever heard of him in his ten years in Washington that is exactly the way he wanted it.

He probably wasn't pleased with his selection to head up this particular investigation which will entail headlines (perhaps) and certainly front-page mention. As a good party man he couldn't refuse to serve and he, at least, won't seek too much publicity but it is bound to upset his established policy of saying as little as he can possibly manage and be reelected. There is a certain school of thought in Congress that holds this the surest way of maintaining residence in Washington.

The turbulent Mr. Tobey, however, promises to keep the investigation from dragging. After his initial defeat, his remarks about "sinister groups" trying to destroy the inquiry boded ill for timid souls hopeful of keeping the hearings out of the headlines.

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SINCE IT DROPPED OUT OF THE headlines back in the 1930's, the federal public housing project Greenbelt, Md., (or as it was called, then, "Tugwelltown") has been getting along nicely. Now it is back in the news with the House Small Business Committee hauling its co-op system onto the mat for a public mauling.

Last year this same committee, then under the chairmanship of Representative Wright Patman (D., Tex.) made a very thorough investigation of cooperatives and gave them a clean bill of health. The committee's present chairman, Representative Walter Ploeser (R.,Mo.), was a member of the committee and apparently agreed on the report, since it was unanimous. Since then, however, he seems to have suffered a change of both mind and heart and the new investigation opened with an exchange of uncomplimentary remarks between himself and Mr. Patman. The latter sees the investigation as a Republican plot to discredit all cooperatives. He has said so loudly and publicly. In reply, Mr. Ploeser is quoted as follows, "The Patman statement is so replete with falsehood that it deserves no comment."

Special Counsel Willis Ballinger, in charge of the investigation, is author of an anti-cooperative book, "The Voice of the People." He writes:

"The cooperative movement is simply a technique for building the socialistic state in America. . . . Leon Trotsky said that the Russian revolution might have failed had it not been for the fact the cooperatives in Russia had already such a helpful centralized control over the economic system in many parts of the country."

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OSCAR ROSS EWING, FORMER assistant chairman of the Democratic National Committee, takes over as Federal Security Administrator and probably as the first Cabinet head of the proposed Department of Health, Education, and Welfare. He replaces Watson B. Miller who becomes Commissioner of Immigration and Naturalization.

In the committee Ewing had the reputation of being a staunch New Dealer and Roosevelt Democrat. He was personally extremely popular and was one of those considered as a possible successor to the present chairman, Robert Hannegan. Evidently, however, President Truman had other plans for him.

It is not improbable that the President had in mind Watson Miller's former American Legion connection in transferring him to immigration. The White House would be pleased to have Legion tolerance, if not support, of the proposed program to admit certain of Europe's displaced persons.

Ugo Carusi, former immigration head, is going to the State Department to work on the DP program. He will serve as special assistant to Charles E. Saltzman, new Assistant Secretary of State for Occupied Areas, and will have complete charge of an international survey of the DP problem. He will prepare the ammunition for the White House fight in the DP's behalf.

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Administration of the child labor provisions of the Fair Labor Standards Act has been transferred by Secretary of Labor Schwellenbach to the wage and hour division of his department.

The 1948 Appropriation Act made financial provisions for the handling of the business by the wage hour division when the division of labor standards, formerly in charge, was eliminated.

Rose Schneiderman

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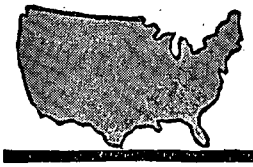

THE COUNTRY OVER

Among the States

CHILDREN

New legislation in California authorizes the State Department of Social Welfare to license an agency in each county to be known as the "County Adoption Agency."

Each will be empowered to investigate, accept, and report to the court on petitions to adopt children, accept relinquishments from parents, and handle placements. Another measure permits the county agency to make a fee charge of not more than $200 to the adoptive parent in some cases, for the cost of the child's care.

A measure passed by the Texas legislature achieves one of the major objectives of the lively legislative program of the Texas Social Welfare Association. It requires the courts to submit copies of adoption petitions to the State Department of Public Welfare prior to the hearing on the petition. The department is authorized to investigate all adoption cases except those handled by a legally licensed child placement agency and to submit its report to the court. The law also requires the department to prepare a biennial report on all adoption cases for the governor.

A comparable new law, in Minnesota, requires the courts to refer all petitions for adoption to the director of social welfare for investigation. It also provides that, with certain exceptions, no adoption petition may be granted until the child has lived in the proposed home for at least six months. Under another new measure, the natural parents of a child may enter into a written agreement with the director of social welfare or any other licensed child placing agency to surrender the child for adoption.

The Pennsylvania legislature has amended adoption laws. It has provided that a child must reside with prospective parents for at least six months prior to legal adoption; that a child cannot be declared abandoned for purposes of adoption unless the abandonment has been for at least six months; and that the record of adoption proceedings is to be held by the court and not opened for public inspection except on court order.

And bill introduced in the New York legislature, which failed of passage, provided that any person, other than a close relative, receiving custody of a child must report the case to the local department of welfare for investigation. Another bill, which also failed, would have made it illegal to accept money for the placement of a child. New adoptive legislation will be introduced in the coming winter session, Assemblyman Samuel Rabin has announced.

Licensing—A measure passed by the Pennsylvania legislature gives to the Department of Welfare the authority to license commercial boarding homes for children. The June *Federator,* while expressing regret that the original measure was amended to limit largely the types of homes covered, states that the final provisions can be used to "control some of the gravest abuses in commercial homes."

A new law in Tennessee amends a previous measure by providing that no child shall be received in a boarding home unless the home has an unrevoked license from the Department of Public Welfare.

According to a new California law, boarding homes used exclusively by licensed social agencies for child placement do not need to have a license.

Child Care Centers—New legislation in New York terminates, on October 1, the present state-aided child care program for the children of working mothers, except for the children of migrant workers. Under the new program, which was recommended by the State Youth Commission, state aid will no longer be available to day nurseries, public or private.

In cases of family economic need, local welfare agencies are authorized to pay for the child's care in a private nursery, the state bearing 80 percent of the cost. State funds are also available in high delinquency areas.

Regarding the new law, the March *News* from the State Charities Aid Association comments that "a preliminary exploration of these methods gives little hope for the continuation of more than a very few of the centers now operating."

New California legislation extends the life of the Child Care Extension Fund until June 1, 1948, with an appropriation of $5,500,000. The law provides for the care of children of needy parents and other children in need of supervision during working hours, under a Department of Education program.

In Illinois, a bill which would have permitted local boards of education to operate nursery schools as a part of the school program, was defeated. However, according to the June *News Letter* from the Council of Social Agencies of Chicago, the large support which was gathered for the bill indicates "that the groundwork has been laid for passing a similar bill in the future."

Handicapped—An Indiana law sets up a Commission for Physically Handicapped Children, directed to make a statewide census of these children; to maintain a central register of their cases; to report recommendations to the legislature for improving services to them; to coördinate the work of public and private agencies in this field into a comprehensive program.

Another law permits school corporations to set up special schools, classes, and dormitories for the education of handicapped children, the state to pay the excess *per capita* cost. The program will be supervised by a division of special education created in the state Board of Education.

The law makes provision for the employment of nurses, therapists, and doctors, and for the purchase of necessary special equipment. Children unable to attend classes may be taught in their homes. Dormitory care for children unable to go back and forth to school is chargeable to the parents, but in cases of need the county department of public welfare is authorized to pay these costs.

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North Carolina has also set up a division of special education in the state Department of Education, for the "promotion, operation, and supervision of special courses of instruction for handicapped, crippled, and other classes of individuals requiring special types of instruction."

In Pennsylvania, a new measure amends the public school law to provide special education for children who are afflicted with cerebral palsy or are otherwise physically handicapped.

School Health— Another measure passed by the Pennsylvania legislature makes mandatory the employment of properly certified school health nurses to follow up the correction of physical defects revealed in school medical and dental examinations. The state will reimburse the local districts for this expense.

The measure authorizes the Department of Public Assistance to pay for any medical, dental or surgical treatment for a child whose school examination shows the need of it and whose family is unable to meet the cost.

Neglected Commitments—Under a new Minnesota law, dependent and neglected children will no longer be committed to the state Public School at Owatonna, but directly to the director of Social Welfare. Commenting on this change, the director declared recently that "the state now recognizes the need of placing children for adoption rather than making them 'institutional children.'"

Youth Commissions— Minnesota has created a Youth Conservation Commission to serve as a board to enforce state laws for youth and to advise on delinquency problems. This legislation was recommended by Governor Youngdahl. Recently appointed director of the commission is A. Whittier Day, executive secretary of Big Brothers, Inc., of Minneapolis, and president of the Minnesota Welfare Conference.

In Arkansas, a measure creates the Arkansas Council on Children and Youth, to consist of twenty-five members including the governor and the heads of the health, welfare, and labor departments. It will make a continuous study of the environment, economic conditions, and education of youth; review legislation and appropriations for children's services; and formulate programs for improving these important services to children.

Kansas has authorized a Juvenile Code Commission of five members, to study the laws of the state relating to children who are "dependent, neglected, delinquent, emotionally and mentally retarded," and to "investigate the causes, prevention, and cure of juvenile delinquency." Its findings are to be reported to the governor and the legislature in 1949. An appropriation of $12,500 was made for the work. Much credit for this legislation is due to the active program of the Kansas Council for Children, according to the July issue of *The Child*.

A similar law, passed by the Colorado legislature, creates a Children's Code Commission of five members to make a survey of child welfare and to report to the governor and the general assembly in 1948. On an appropriation of $7,000, the commission is to study existing laws together with such "changes in the laws and additions to them as may be needed to embody the best experience on those subjects."

The Nebraska legislature, by resolution, has directed the legislative council to continue its study of state child welfare laws and to report its findings and recommendations to the 1949 legislature. The council is specifically directed to compare Nebraska laws with those of other states, to seek the cooperation of agencies and individuals interested in child welfare, and to hold public hearings to obtain the views of interested citizens.

The Michigan legislature has abolished the Juvenile Institute Commission and shifted its functions to the Social Welfare Commission.

Birth Certificate— New legislation in Pennsylvania amends the 1945 law which provided for the issuance of a short form birth certificate to protect the individual against disclosure of illegitimacy. Under the amendment, a complete birth certificate may be issued when necessary for the determination of property or other rights without the expense of a court order.

MENTAL HEALTH

Pennsylvania has appropriated about $80,000,000 for the rehabilitation and construction of necessary state institutions — chiefly mental hospitals. According to the June *Herald* of the Public Charities Association of Pennsylvania, this appropriation will make it possible "to correct many of the worst conditions of overcrowding and unsatisfactory housing now existing in the state mental hospital system."

Another measure authorizes the state to pay up to $5 a day for the care of psychiatric cases in either public or private non-sectarian hospitals.

A bill which would have provided for the creation of a new state Department of Mental Health and the transfer to it of the mental health functions now administered under the Department of Welfare, failed of passage. This was one of several companion bills, all unsuccessful, introduced at this session to reorganize and modernize the state's welfare services through a redistribution of the functions now combined in the Department of Welfare.

The proposal for a separate Department of Mental Health had wide citizen backing, the *Herald* reports, as well as the strong support of the State Psychiatric Society, the League of Women Voters, the National Mental Health Foundation, and the association. It was opposed, however, by the State Medical Society and the Secretary of Welfare.

Ten Percent Raise— The Illinois legislature has provided for a $2,000,000 increase in the operating budget of the state mental hospitals, transferring this money from the construction budget of the Department of Public Welfare, which operates the state mental health program. The measure provides for a 10 percent increase in salaries in mental institutions and a higher classification for attendants. An increase of about $13,000,000 will be available for construction of mental hospitals.

The Illinois Society for Mental Hygiene had carried on a fighting campaign for a $25,000,000 increase in the appropriation for operation of the mental hospitals, in the hopes of raising salaries 25 to 50 percent. In the opinion of the society, increased staff at better salaries might well serve to raise the discharge rate from these hospitals from the present one out of three patients to as high as 65 percent. A citizens campaign committee was organized by the society to press acceptance of its recommendations.

Reconversion— A new law in North Carolina appropriates $1,500,000 for purchase of the facilities at Camp Butner to be used as a mental

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nospital. Many of the state's mentally ill are at present unable to obtain hospital care because of the shortage of facilities.

Commitment—A new California law establishes a procedure for the commitment of the mentally ill to an institution through medical rather than court procedure.

Another measure liberalizes the definition of a mentally ill person to include those simply in need of treatment.

HOUSING

Reports are that new measures for rent control have passed the legislatures in Connecticut, Illinois, Maryland, and Virginia. They will go into effect if federal rent regulations expire. Existing rent control statutes have been extended in New York and New Jersey.

Veterans Housing—Nine states have passed veterans housing legislation. In California, $4,500,000 has been appropriated to finish all incompleted veterans emergency housing projects in the state. The legislature also set up a million dollar revolving fund to allow the Finance Department to purchase old army barracks to sell to veterans needing lumber.

The Illinois legislature has appropriated $20,000,000 for direct state aid to city programs for housing and slum clearance. Maryland created a veterans housing commission to survey veterans housing needs and to cooperate with the federal government and private industry in relieving the housing shortage.

A Rhode Island measure has authorized the city of Providence to build and operate housing for veterans. In South Dakota, cities are empowered to cooperate with federal veterans housing efforts. A Nevada measure authorizes housing authorities to provide rental housing for veterans. The Indiana legislature has appropriated $2,500,000 to reimburse colleges for veterans housing. Massachusetts and New Jersey have broadened their veterans housing programs backed by state and local funds.

Medical Frontiers

Recommending establishment of a division of medical research under the U. S. Atomic Energy Commission, the Medical Board of Research (an independent group of prominent medical men) brought to a close early in July, a comprehensive survey of the commission's activities in the field of biological and medical science.

"Since it is reasonable to expect," read one section of their report," that the benefits to man derived from the application of atomic power to his life, comforts, and health will, in the long run, outstrip the military significance of atomic energy, it is suggested that further steps be actively undertaken to bring these applications of atomic energy to the attention of the public and particularly to students."

The chief areas covered by the board's report concerned exploration of defenses against radiant energy from the national security standpoint, liberalization of the dissemination of nonmilitary atomic knowledge, and widened distribution of radioactive tracers for medical therapy and research.

That medical men are aware of the implications of atomic energy for the practice of medicine under both peacetime and wartime conditions has been borne out by reports from the annual meeting of the American Medical Association and announcements issuing from specialized medical groups. A report, presented before the AMA delegates, on a survey of 2000 civilian physicians showed that, in the event of another war, 60 percent of the physicians would favor a national service bill that would require all doctors to serve the government in some capacity in the armed forces or in civilian communities.

The same report also showed that 80 percent of the physicians favored the formation of mobile civilian medical teams to supply areas striken by epidemics and atomic or bacteriological warfare.

On the peacetime side of the ledger, several weeks earlier, the American Cancer Society, in reporting its work for the past year and a half, announced that among its recent grants was one for $100,000 for production of heavy isotypes, radioactive atoms which make it possible to trace what happens to various substances which the body uses in developing both normal cells and the abnormal cells of cancerous tissues.

Rural Doctors

A campaign for funds to aid medical students who will pledge themselves to practice for a while in Kentucky's rural areas was concluded in May, having exceeded its goal of $100,000 by $50,000. The campaign, sponsored by the Kentucky State Medical Association and the University of Louisville School of Medicine, was undertaken because of conditions which lead the state health department to predict that unless more doctors would go into rural practice, there would soon be only one doctor to every 4,159 persons, as compared with one to every 1,500, the ratio considered necessary for adequate medical care.

Cancer

A final appropriation of $14,500,000 was agreed upon by the 80th Congress to go to the National Cancer Institute, located at Bethesda, Md. Following passage of the appropriation, the U. S. Public Health Service announced plans for a greatly expanded program of research, through support of universities, acquisition of lands and construction of buildings. Approximately ten million of the amount will be spent for research, and four million will be used for cancer control through the state programs. These are directed toward improvement of cancer detection, diagnostic and treatment facilities, refresher courses for doctors, and adequate statistical services.

In the spring, the American Cancer Society reported that during the last year and a half, the society had put $3,500,000 into a nationwide program of cancer research and that additional research projects totaling $500,000 were being financed by state and local divisions of the society. The national program is being carried out through 155 research projects and 42 research fellowships being supported by the society in 72 chief universities and affiliated medical institutions.

Tropical Disease

Surgeon General Thomas Parran has announced that the Public Health Service has established a new division of tropical disease in the National Institute of Health at Bethesda, Md. Heading the new unit will be Willard H. Wright, formerly chief of the zoology laboratory and, during the war, field director of the commission on schistosomiasis in the Southwest Pacific and Japan.

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According to a more recent report of the society, there are now 125 cancer detection centers in the country. Pennsylvania has 21, with funds approved for 6 more new ones. Maryland is working toward the goal of one such center in each county of the state. Oklahoma has organized mobile units to cover the rural regions of the state. From the cancer detection center at Tulane Medical School, it was reported that 1.5 percent of the so-called well people coming in for examination have cancer, 15 percent have precancerous lesions, and 30 percent have some condition needing medical or surgical attention.

In San Francisco, a cancer research unit has been established at Laguna Honda Home, sponsored jointly by the USPHS and the University of California Medical School. The laboratory will be under the direction of Dr. Michael B. Shimkin, formerly assistant surgeon, USPHS, and member of the staff of the National Cancer Institute.

In Maryland a division of cancer control has been created in the bureau of medical services of the state department of health. The assistant director of welfare for medical care and a member of the Maryland division of the American Cancer Society will be jointly responsible for the development of the program.

The Cornell University Medical College has established a professorship of cancer with annual endowment of $15,000 for five years. This amount represents the first allocation of funds from the 1947 campaign of the New York City Committee of the American Cancer Society.

The fourth International Cancer Research Congress will be held in St. Louis September 2 to 7, with headquarters at the Jefferson Hotel, under the sponsorship of the Union Internationale Contre le Cancer and the American Association for Cancer Research. Dr. Edmund V. Cowdry, Barnard Free Skin and Cancer Hospital, St. Louis, is president of the congress.

Heart Disease

At the centennial meeting of the American Medical Association in June, a gold medal was presented to Dr. George E. Burch and Dr. Paul Reaser, both of the Cardiovascular Research Laboratory at Tulane Medical School, for their experiments with radioactive sodium atoms in the treatment of congestive heart failure.

In July the establishment of the Helen Hay Whitney Foundation for Rheumatic Fever Research was announced. Dr. T. Duckett Jones, of the House of the Good Samaritan, Boston, medical director of the new foundation, stated that rheumatic fever now "ranks with tuberculosis and syphilis as a major disabling chronic disease, causing 40 percent of all heart disease at all ages and 90 percent of all heart disease in children." Dr. Jones gave figures showing that rheumatic fever is second only to accidents as the most common cause of death among school children and stated further that during World War II it immobilized more than 40,000 men in our armed forces.

In Michigan, a statewide program for rheumatic fever patients is being set up by a committee from the state medical association. Joint sponsors are the Michigan State Medical Society, Michigan Crippled Children Commission, and the Michigan Society for Crippled Children and Disabled Adults. Nine rheumatic fever consultants and diagnostic centers have been established in the state and additional centers are to be set up in five other locations.

In Minnesota, the American Legion is embarking on a campaign for $500,000 to maintain the newly established professorship at the University of Minnesota which will direct research in heart diseases and rheumatic fever in children. The legion hopes to make this project a memorial to veterans of both world wars.

The New York University College of Medicine, in cooperation with the City Health Department, will make a study of rheumatic fever and rheumatic heart disease among children in the lower East Side district this fall. The objective will be to develop efficient detection, follow-up, and supervision which may be adopted on a citywide basis by the department of health. Director of the study will be Dr. Elvira M. DeLiee.

The seventh rheumatic heart clinic of the Pennsylvania state health department was opened in April at the Wilkes-Barre General Hospital, with Dr. John F. Giering of Kingston as director. The clinic offers diagnostic services and will give recommendations for treatment to the patients' physicians, but will not give treatment through its own facilities.

The editors of the Journal of the AMA, writing in the issue for July 26, point to the London County Council Rheumatic Scheme as "the most comprehensive plan now in existence for control of rheumatic fever." Referred by school medical officers, child patients are sent to several institutions in the country, which make available a total of 1000 beds to the council. These institutions are conducted like hospital schools, with regular school instruction as soon as the patients are convalescent. The usual length of stay is from six to twelve months.

Twenty supervisory centers, distributed throughout the city of London, follow up patients discharged from hospital centers, diagnose cases referred, and instruct parents in child welfare. After school age, young people are transferred to ordinary hospital outpatient clinics and suitable employment is arranged for them through voluntary health societies. The council maintains a register of medical records and a card index for all children accepted at any center or hospital school.

Psychiatrically Disabled

A two-year study of the processes and procedures involved in the rehabilitation of psychiatrically disabled persons is now under way under the auspices of the division on rehabilitation of the National Committee for Mental Hygiene. All types of psychiatric handicaps will be included and a control group, matched as fully as possible with regard to age, sex, intelligence and other factors, will be set up in determining the value of special service. Later, studies will be made in selected communities to determine the extent of need.

Nurse Shortage

The current widely publicized nurse recruitment program is bearing fruit, according to the July bulletin, *Professional Nursing,* from the Nursing Information Bureau. Preliminary reports from nursing schools indicated that a majority of their classes will be filled this year.

Cooperating in the campaign, which has aimed at enrolling 45,000 students this year to meet the grave shortage, are the American Hospital Association, the Advertising Council, the American Red Cross, and the National Committee on Careers in Nursing, a group organized last winter.

The AHA recruitment committee and the national committee, which for

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purposes of cooperation have an overlapping membership, have been giving advice and aid to local recruitment committees in thirty-seven states and territories. The AHA group has been distributing weekly newsletters to nursing schools and hospitals carrying suggestions for newspaper stories, radio announcements, and school programs, together with booklets and folders from the national committee. Funds for necessary expenses of the drive have been provided through the AHA.

The Advertising Council has distributed 70,000 car cards, 2,000 billboards, and 45,000 posters urging young women to study nursing.

Economic Factors

A recent study of the economic status of nurses, made by the Bureau of Labor Statistics at the request of the nursing organizations, threw some light on the possible reasons underlying the shortage of nurses. The study showed that the average cash salary for nurses in all fields, the great majority of whom provide their own living quarters, was $170 to $175 a month. One out of four received less than $145 a month, and one out of four worked 50 hours or more a week.

The greatest dissatisfaction was found among hospital and institutional nurses where the need was greatest. Here, one third of the nurses worked at least fifty hours a week. Moreover, most nurses were not covered by social security, and had no provision for retirement, old age, and unemployment.

In Print

Campaign materials now available to interested groups include:

"Nursing is a Great Profession," a readable, amusingly illustrated pamphlet for the prospective student. Five cents a copy or quantity rates, from the Nursing Information Bureau, 1790 Broadway, New York 19.

"Schools of Nursing," listing state-approved schools of nursing by states. From the council at the same price.

"Educational Funds for Student Nurses and Graduate Nurses," giving information on scholarship help available. Five cents and quantity rates from the council.

Radio scripts and newsletters giving campaign suggestions for local recruitment committees, are available, without charge, from the Student Nurse Recruitment Committee, AHA, 18 East Division Street, Chicago 10.

Professional

The U. S. Public Health Service announced on July 28 that of the $7,500,000 appropriated by Congress early in July to carry out the program of the National Mental Health Act, $1,000,000 would be spent for grants to public and other non-profit institutions "for the development and improvement of facilities for training mental health personnel."

Nine grants were made in the field of psychiatric social work: the School of Social Welfare, University of California; the School of Social Service Administration, University of Chicago; the School of Social Work, University of Minnesota; the New York School of Social Work, Columbia University; the Pennsylvania School of Social Work, University of Pennsylvania; the School of Applied Social Sciences, University of Pittsburgh; the School for Social Work, Smith College; the School of Social Work, Tulane University; and the Kent School of Social Work, University of Louisville.

The New York School of Social Work, the University of Pittsburgh School of Applied Social Sciences and the Pennsylvania School of Social Work, it was announced, would give advanced graduate training under the grant program for the training of teachers in psychiatric social work, supervisors, and research and administrative personnel.

At the New York School of Social Work, four competitive fellowships of $2,400 each will be awarded for post-graduate training, consisting of advanced courses in psychiatric social work and casework, as well as specialized field work. Stipends will cover one academic year beginning with the school's winter quarter in January 1948. November 1 is the closing date for filing applications for the fellowships. Candidates must be graduates of an accredited school of social work and must have had at least three years' practice in the profession.

In addition to the fellowships, the allocation to the New York School will be used to establish two training units for second-year students, with eight trainees in each unit.

At the University of Pittsburgh's School of Applied Social Sciences, a substantial portion of the new program will be devoted to the development of an advanced third-year program in psychiatric social work. Plans are being developed in cooperation with the Winter Veterans Administration Hospital and the Menninger Foundation Field Training Center for psychiatric social workers at Topeka, Kansas. The twelve-month program will be carried out under the general supervision of Dr. Marion Hathway. Eight months of the training period will be spent in residence in Topeka under the direct supervision of Eleanor Cockerill, also of the school faculty.

Students in the advanced program at Pittsburgh must have their professional master's degree from an accredited school of social work and a period of successful practice, to be eligible. Applications for admission closed August 1, with the program beginning on the Pittsburgh campus in September. Students will take up residence in Topeka on January 1.

Another NMHA Grant

The American Association of Schools of Social Work also received a grant of $5,000 from the U.S. Public Health Service from funds appropriated under the National Mental Health Act. The money is to be used for the provision of increased field services in strengthening smaller schools, the development of data and criteria for block field work plans, and for the revision of curriculum required for such a plan, promotion of better teaching of the basic psychiatry courses for all social work students, and the development of materials to assist the schools of social work in determining what might be offered in the third graduate year.

Programs Approved

The American Association of Medical Social Workers has recently accredited the medical program offered by the Boston College School of Social Work, the Raymond A. Kent School of Social Work at the University of Louisville, the Boston University School of Social Work, and the Graduate School of Social Work at Howard University.

AASSW Meeting

The annual meeting of the American Association of Schools of Social Work will be held in Minneapolis, Minn., during the week of January 18.

Directory

The committee on field service of the National Social Welfare Assembly

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has issued its first Field Service Directory of National Organizations. Field regional territories and staff names and addresses are listed for each organization. One dollar from the assembly office at 1790 Broadway, New York 19, N. Y.

California Examinations

The California State Personnel Board has announced that openings for the positions of superintendent and assistant superintendent in the girls' correctional schools operated by the California Youth Authority will be filled by civil service examinations to be held October 23. Examinations are being held on a nationwide basis, California residence is not required.

Salary range for superintendent is from $395 to $515, plus full maintenance for self and family; the range for assistant superintendent is from $481 to $584.

Applications and examination bulletins may be secured from the board, 1015 L Street, Sacramento 14. Applications for the examinations should be filed not later than October 2.

About People

October will see a rash of Red Feathers riding in hatbands, beckoning from billboards and floating from flagpoles as Chest campaigns get underway in almost a thousand communities. President Truman will launch the campaigns in a nationwide broadcast from the White House on September 26 at 10 p.m. (DST). The aggregate goal for this fall's harvest is estimated at $168,000,000 for the support of local health and welfare Red Feather services in 1948.

H. J. Heinz II of Pittsburgh is this year's chairman of "Community Chests of America," the designation given to the national promotion effort which is aimed at uniting and reenforcing local Chest campaigns. Six vice-presidents carrying similar responsibility in various sections of the country include: Justin W. Dart, Los Angeles, president of Rexall Drug Company; William Green, president of the American Federation of Labor; Philip Murray, president of the Congress of Industrial Organizations; Fred Ramsay, Cleveland, Ohio, president of the National Social Welfare Assembly; Mrs. Henry P. Russell, Burlingame, Calif.; and W. P. Witherow, Pittsburgh steel manufacturer.

A campaign feature which will be seen on local movie screens in October is an eight-minute sound film, "The Red Feather," produced in Hollywood by Twentieth Century Fox for Community Chests of America, and featuring Peggy Cummins and Melvyn Douglas. Tom Meyer of CCC's public relations staff served as technical advisor in the production of the film.

To Retire

Harriet E. Vittum, head resident of Northwestern University's settlement house in Chicago since 1906, has announced that she will retire November 1. Miss Vittum, who has been engaged in social work since 1893, is one of the Chicago group of pioneers in social welfare, of whom Jane Adams came to be most widely known. She will be succeeded by Michael Rachwalski, who has been associated with her in direction of the settlement for the past ten years.

FSAA Elections

Brooks Potter, Boston lawyer and treasurer of the Family Society of Greater Boston, was elected president of the Family Service Association of America at a general assembly meeting of the association in New York on June 28. Mr. Potter succeeds Ralph A. Uihlein of Milwaukee.

Vice-presidents elected by the assembly are Stanley P. Davies, general director of the Community Service Society of New York, Rowan A. Greer, Jr., president of the Family Service of Montgomery County, Dayton, Ohio, and Sidney Hollander, a director of the Family and Children's Society of Baltimore.

Henry S. Henricks of New York City was elected treasurer, and Mrs. Malcolm J. Edgerton, Stamford, Conn., secretary.

Honored

Dr. Rene Sand, president of the International Conference of Social Work, was elected to membership as an honorary fellow of the New York Academy of Medicine at the centenary celebration of the academy in New York in late spring. Dr. Sand, who is professor of social medicine at the University of Brussels, has acted as president of the International Hospital Association, and the International Congress of Hospital Librarians, vice-president of the International Congress on Public Health Works, and secretary-general of the Ministry of Health. The honor was extended in recognition of "his many contributions to public health, welfare and social medicine."

UN Consultants

Following recommendations by the National Social Welfare Assembly and the AASW, seven nationally known social workers have been chosen to serve as technical social work consultants to the United Nations Secretariat of UN's Social Affairs Division: Margaret E. Forsyth, Jane Hoey, Donald Howard, Dorothy C. Kahn, Cora Kasius, Katharine F. Lenroot, Kenneth L. M. Pray.

Distinguished Service

The Shotwell Memorial Award, medal and scroll, of the American Association of Workers for the Blind, awarded biennially for "distinguished services to the blind," was presented on July 9 to Florence W. Birchard, editor of the Braille magazine for women, *Our Special,* published by the National Braille Press, Inc., of Boston, Mass. The presentation was made during the association's twenty-first convention, held in Baltimore.

Study Outlines

In preparation for the 1948 Assembly of the World Council of Churches, the American advisory committee of the council is preparing a study outline of eight lessons to deal with the content of the general theme of the assembly, "Man's Disorder and God's Design." The lessons will deal with the history and present organization of the council, evangelism in the modern world, the church and society, and the church and international relations.

Publication date is November 15, 1947. Orders will be received by the American Committee for the World Council of Churches, 297 Fourth Ave., New York 10.

New Jobs

Margaret Leal, assistant dean of the New York School of Social Work, will become acting dean on October first, succeeding Walter W. Pettit, whose retirement was recently announced.

Mary B. Buckingham, southern area representative for FSAA during the past eight years, is now executive of the Family Service of Charleston, W. Va.

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Joe R. Hoffer has been appointed executive director of the Social Work Vocational Bureau. Mr. Hoffer succeeds Louise C. Odencrantz who had held the post since the establishment of the bureau in 1940.

The Commonwealth Fund has announced the appointment of Dr. Donal Sheehan, professor of anatomy of New York University's College of Medicine, to the directorship of the fund. Dr. Sheehan succeeds Barry C. Smith, who retired September first.

Vice Admiral Ross T. McIntire, wartime Surgeon General of the U. S. Navy and formerly White House physician, has been named director of the new national blood program of the American Red Cross.

Hannah More Frazer, of Dallas, Texas, has been appointed assistant national director of Red Cross Service in Veterans Hospitals. Miss Frazer will be concerned with the coordination and development of volunteer services now available through Red Cross chapters in 113 Veterans Administration hospitals.

Mrs. Joe Hume Gardner has been appointed national administrator of volunteer activities for the combined ARC programs of volunteer special services and community service to camps and hospitals.

The American Association of Psychiatric Social Workers has announced the appointment of Madeline Lay as educational secretary.

James J. Herkenham, Jr. has been appointed director of labor service for the National Foundation for Infantile Paralysis.

Dr. Henry H. Kessler, of New Jersey, consultant in orthopedics to the Federal Office of Vocational Rehabilitation, has been elected president of the National Council on Rehabilitation. Dr. Kessler, widely known for his work at the Mare Island Naval Hospital during the war, addressed the British Council on Rehabilitation at a meeting in London in July.

Dr. Alfred Newton Richards, professor of pharmacology at the University of Pennsylvania Medical School was elected president of the National Academy of Sciences at the annual meeting of the academy this spring.

Dr. Herman E. Hilleboe, an assistant surgeon general of the USPHS, was appointed New York state commissioner of health on June 28.

Norma J. Sims, formerly secretary for volunteer training in the Leadership Services Department of the National Board, Y.W.C.A., is now head of the Citizen Participation Committee of Community Chests and Councils, Inc. She succeeds Dorothy B. de la Pole.

Robert P. Lane, for twelve years executive director of the Welfare Council of New York City, has been appointed executive director of the survey of social and health needs and services of Greater Boston.

After completing surveys in Springfield, Mass., and New London, Conn., Mr. Lane assumed his duties on the Boston study this summer.

Dr. Martha M. Eliot, associate chief of the U. S. Children's Bureau, Washington, and president-elect of the American Public Health Association, is now on leave from the bureau as chief medical consultant for the International Children's Emergency Fund.

The National Committee for Mental Hygiene has announced the appointment of Dr. Temple Burling as psychiatrist for the division on rehabilitation. Dr. Burling was previously medical director of the Providence (R. I.) Child Guidance Clinic.

Retiring

Walter W. Pettit, dean of the New York School of Social Work, Columbia University, and a member of the faculty for thirty-two years, will retire on September 30.

He became the school's sixth dean in 1939, succeeding Porter R. Lee who died in that year. The school, which was the first to offer professional training in social work, was founded in 1898.

During his administration enrollment has increased more than 50 percent. In 1940, the school became affiliated with Columbia University and has since awarded graduate students the degree of Master of Science.

Dean Pettit was born in Fredonia, N. Y., and took both undergraduate and postgraduate work at Columbia University. He joined the faculty of the school in 1915, after having served as principal of schools in the Philippine Islands and in Evanston, Ill.

Well known as a teacher and writer on social work and international subjects, Dean Pettit has been called upon by the U. S. government to carry out several assignments in other countries. In 1916-17 he was special assistant in relief work with the American Embassy in Petrograd. In 1918 he went to Paris to join the American Commission to Negotiate at the Pan-American Conference on Social Work, at Santiago, Chile. He is the present chairman of the American Committee on International Exchange of Social Workers.

Announcing Dean Pettit's retirement, Morris Hadley, chairman of the school's board of trustees said: "Wherever social work is practiced, (Dean Pettit) will be remembered as a friendly counselor of students, an outstanding teacher, and a wise administrator. Although in a technical sense he has reached retirement age, we are confident he will continue to exert vigorous leadership in the field of human and social sciences for years to come."

Deaths

Dr. Parker G. Borden, former clinical director of the Veterans Hospital in Canadaigua, N. Y., and chief neuro-psychiatrist of the VA's Buffalo office for the past year, on July 4 in Buffalo. Dr. Parker was sixty-eight.

Dr. Charles Rodgers Conklin, former director of the New York Children's Aid Society's medical department, in New York in July. Dr. Conklin had retired in 1940 after forty years of service.

Jacob Kopecs, executive director of the Jewish Children's Bureau, Chicago, for the past twenty-three years, on July 10 at his home in Chicago. Mr. Kopecs had been engaged in child welfare work for more than thirty years and was considered one of the nation's foremost authorities in that field. He was president of the Child Welfare League of America.

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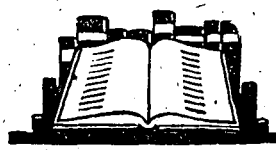
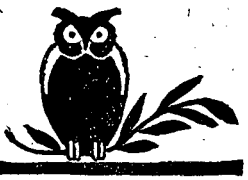


BOOK REVIEWS



INTO THE MAIN STREAM, by Charles S. Johnson and Associates. University of North Carolina Press. $3.50.

THIS VOLUME, A COMPILATION AND comparison of current racial practices in southern and certain border states, is the work of a great many people. Formal authorship is ascribed to Charles S. Johnson, new president of Fisk University at Nashville, and four associated sociologists and educators. But the authors also acknowledge the help of several hundred citizens of southern cities who compiled facts and analyzed trends under their observation over a period of two years.

As the title indicates, the work is an attempt to record and interpret the best of current racial and interracial practices in the nation's largest reservoir of racism, so as to judge the extent to which Negroes are moving into the main political, economic, and social streams of their native region. Though the volume is deliberately and determinedly optimistic in emphasis, recording gains—or what might be considered gains—rather than striking a balance between gains and losses, it is still an extremely depressing picture which is painted for the reader.

Interracial approaches to problems of employment, housing, and health are considered. Changes in the voting and other citizenship phases of the Negro's status are recorded. The quality of leadership provided by the organized church and other Christianity-professing groups comes under examination. Activities of the Southern Regional Council, of southern affiliates of the National Urban League, of numerous colleges, social work agencies and governmental bureaus are catalogued. One result of this considerable compilation is a reader impression of a vast amount of interracial activity in the South—on a larger scale than is generally believed to be true. But that activity is pitched on a depressingly low level, whether measured in terms of enlightened community standards or gauged by the quality of leadership displayed by outstanding southern whites. Thus the final result of the volume is a heartsick realization that one third of our nation is still unready for even the outer forms of a socio-economic democracy; that in spite of a gigantic war to defeat, among other enemies, an intolerant racism, that same racism still reigns supreme within the South, defined by law and obeyed in social custom.

Such a reaction is particularly strong in view of certain recent developments, publicized just before or concurrent with the book's appearance. The recent acquittal by a white jury of the Greenville, S. C., self-confessed lynchers was of the same historical piece with the brutal, unpunished murder of two colored women and their escorts on an Athens, Ga., country road. The exposé of the Columbians of Georgia, the Mississippi elections, and dozens of similar occurrences amply attest to the vitality of a ruthless brutality in many southern states that make the "gains" recorded in Mr. Johnson's book seem trivial indeed.

And yet its publication is timely and important. The volume shows where we stand today and how poor the best of current southern practice really is. It silences those bitter pessimists who claim that nothing has happened to the South in three quarters of a century. It also dampens the unjustified enthusiasm of those optimists who insist upon seeing social reform in the establishment of a segregated library for Negroes in a city of 50,000 souls. By its very quietness, "Into the Main Stream" trumpets a compelling message to the ears of those who will listen, and understand.

LESTER B. GRANGER
Executive Secretary, National Urban League

THE PERSONALITY OF THE PRE-SCHOOL CHILD: THE CHILD'S SEARCH FOR HIS SELF, by Werner Wolff, Ph.D. Grune & Stratton. $5.

THOSE WHO ARE EAGER THAT FRUITful studies of personality be incorporated into a genuine *science* of psychology, follow eagerly Dr. Wolff's continuous efforts to carry experimental methods of objective research into investigations attempting to reach the depth of personality. In this book, carrying his important work on "experimental Depth Psychology" into a study of the early childhood years in which the foundations of adult personality are laid, the author has made an important, original contribution to the literature of child development and to understanding of the more general problem of personality formation.

For the author, two unifying concepts emerged from his observations and experimentation. One was that all of the young child's expressions of personality represent *the child's search for his self*. Through language, behavior, drawings, the child seeks constantly to differentiate himself from his environment and to answer the persistent questions: Who am I? What am I for? The second concept was the recognition of two worlds in which the young child and the adult live isolated from each other. According to Dr. Wolff, the gap between these two worlds becomes bridged when the preschool period has ended.

The material of Part II—representing projective methods used by the author and other experimenters to judge the expressive behavior of children—constitutes an original and creative attack upon problems of deep concern to all who are interested in studying the emotions and other personality trends of young children. But many of Dr. Wolff's colleagues will question his *interpretations* of the experimental data he has gathered. For example, whether his tests of "security" are valid might be the subject for lively debate in a stimulating psychology seminar.

Even the child psychologists who may not accept all of the educational implications which the author derives from his observations and experimental data, will welcome his emphasis upon converging psychological approaches, instead of isolated tests, as essential to understanding the basic unity of personality, contained in his concluding discussion of methodology in child psychology. Thoughtful psychologists, earnest students of child development, and intelligent parents eager for new insight into the personality depths of their young children, will find this book well worth the reading. Much of it deals with material that is still in a pioneer, experimental, and controversial stage, but Dr. Wolff is an

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explorer who makes the voyage into these little known realms fascinating adventure.

ETHEL KAWIN
Lecturer in Education
University of Chicago

BRINGING UP CHILDREN, by Dorry Metcalf. Pilot Press. $2.

THIS SMALL BOOK OF JUST OVER A hundred pages, written by a parent for parents, is conversational in style, vividly practical, presenting no ponderous principles of philosophy. However, sound principles of child development and mental hygiene are evident on every page. The emphasis is on the child's emotional needs and his development as a happy, normal individual, rather than on his physical care.

In the absence of a preface, foreword, or other descriptive material, this reviewer assumes that Mrs. Metcalf is an English woman who writes out of her experience and study as a mother, rather than as a professional specialist. She is quite evidently a successful mother who enjoys her children, and who has put real effort into understanding them. In this little book, she makes her study and experience available to other mothers as informally as though it were over a cup of tea, in completely nontechnical language.

The organization of the book into three main divisions—infant, two-year-old, and child—with many subheadings, adds to its readability. However, the organization is not always clear, and the brevity of some sections is too limiting to do justice to the content. Toilet training is discussed in several places, yet nowhere is the importance of the child's relationship to an adult whose approval he desires made clear, nor is there a unified discussion of this basic process of socialization.

The discussion of other phases of development which proceed so amazingly during these early years, is sometimes confused by this organization under three age groupings. In putting together the several references to eating, one also misses a fundamental approach which would emphasize the healthy child's need and readiness to eat, and clarify the basic emotional factors involved. Several brief and casual references to the child's ambivalent feelings of love and hate are made before there is sufficient discussion to meet the need of parent readers to whom this concept might be somewhat startling. In the section on the Infant, the use of an illustraton involving a four-year-old, could better be replaced by an appropriate experience with a child under two.

But, in spite of its brevity, and sometimes choppy organization, one is amazed at how much important content has been packed into this little volume. Most sections are excellent, and many parents will welcome this interpretation of fundamental concepts of child behavior in terms of practical everyday experience.

Some differences in terminology were interesting, as they suggested variations in patterns of American and English living. The discussion of nursery schools would here be recommended for a later age than two years, and some of the photographs and sketches of nursery equipment and play materials indicate minor variations in practice.

A brief foreword orienting the reader to the author and English background would increase the reader's interest and the value of such an interchange of literature for parents.

WINIFRED ALLEN
Educational Consultant, Day Care Unit, Department of Health, New York City

FROM MAX WEBER: ESSAYS IN SOCIOLOGY, by H. H. Gerth and C. Wright Mills. Oxford University Press. $5.

ALTHOUGH MAX WEBER, THE FAmous German sociologist, died only slightly more than a quarter century ago, his prestige is such that he has already taken his place among the classical social philosophers of the modern age. His reputation is particularly firm in the United States, and this fact furnishes a clue for this review of a very important collection of his writings.

The connection between Max Weber and American sociology is one of content and focus, and not one of method. Weber, in the first place, utilized a pragmatic perspective. He never became, as indeed it is difficult for Europeans (especially Germans reared in the atmosphere of Kantian and Hegelian doctrines) ever to become a convinced pragmatist, but he went far enough to accept the thesis of casual pluralism and he certainly subscribed to a "polytheism of values." And, like many American sociologists, he found no resolution for the paradox of "unintended consequences," nor for the added dilemma which lies somewhere between an irrational capitalism and an undesirable socialism.

Secondly, Weber concerned himself with certain problems which have become crucial for American social thought. Among these, to mention only a few, are bureaucracy, voluntary associations, religion and especially the historical role of Protestantism, race relations, power, leadership, and the cyclical movements of mysticism. Fortunately, Weber did not restrict himself to a single sociological discipline; he was a universal scholar who studied man and his various social forms through a spectrum which included politics, history, economics, philosophy, and sociology and consequently he illuminated all of these issues in ways which will remain suggestive for more specialized scholars for a long time to come.

His calm and rational approach to the issues involved in bureaucracy as an inevitable concomitant of democracy should, for example, prompt many American sociologists to begin a comparably calm and thorough-going analysis of the various bureaucratic tendencies in American life, tendencies which are not confined to government but are also powerful in industry, business, education, and religion.

Equally important are Weber's clues respecting leadership. The concept of *charisma* is central to Weber's treatment of leadership. The original meaning of the word, "gift of grace," was transmuted by Weber to mean "self-appointed leaders who are followed by those who are in distress and who need to follow the leader because they believe him to be extraordinarily qualified." Leaders endowed with "charismatic" qualities have exercised, as Weber foresaw, unique power in recent history, and not merely in so-called totalitarian societies. Orthodox liberalism does not, for some reason or other, furnish an adequate account of the rise and function of this type of leader.

The two thinkers whose impact upon late nineteenth and early twentieth century thought was more or less decisive—Freud and Marx—played a negative role in Max Weber's convictions.

Freud, he rejected at once and on

(Continued on page 264)

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CASE WORKER wanted at Home for seventy-five dependent children, both boys and girls. Two years graduate training preferred; one year accepted. Salary dependent on training and experience, ranging from $2600 to $3500. A challenging opportunity for "spade work" job. Write: Superintendent, 901 S. 12th Street, San Jose, California.

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WANTED: Caseworker in Protestant agency dealing with adolescent offenders. Minimum requirement, one year graduate training in social service. Experience in a child guidance agency or related psychiatric work desirable. Good salary. Write, F. Don Casper, Director, Boys' Court Service, Church Federation of Greater Chicago, 431 South Dearborn Street, Chicago 5, Illinois.

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WANTED: Social worker or medical social worker with some experience in case work or in a hospital situation, to work in a tuberculosis sanatorium of 125 beds. Medical social work part of rehabilitation program. Working conditions and salary excellent. Contact Bureau of Tuberculosis Control, Michigan Department of Health, Lansing 4, Michigan.

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(Continued from page 261)

the ground that he was "not willing to accept healthy nerves as an absolute end, or to calculate the moral worth of repression in terms of its cost to one's nerves." In the light of Weber's own psychic disturbances, this criticism will be regarded by many as a mere defense reaction. Karl Marx could not be so easily dismissed by Weber since in many respects he was engaged in a similar diagnosis of capitalist society, but his basic objection to the Marxist thesis was founded upon what he conceived to be the fundamental error of Marxism, namely, (again using the editor's version) "raising a segmental perspective to paramount importance and reducing the multiplicity of causal factors to a single-factor theorem."

It was a fortunate circumstance which brought Professors Gerth and Mills together as collaborators for this important selection of Weber's writings. The former is himself a distinguished ex-German sociologist, now resident in the United States, and the latter a well-known American liberal sociologist.

The seventy-four page introdutcion to the book stands by itself as a significant contribution to sociological literature. And, incidentally, the Oxford University Press deserves high praise for producing this useful and handsome volume which will soon, I trust, find its place on the shelves of American libraries.

EDUARD C. LINDEMAN
Professor of Social Philosophy
New York School of Social Work
Columbia University

THE PSYCHOANALYTIC STUDY OF THE CHILD. (An Annual, Volume II.) Anna Freud, Heinz Hartmann, M.D., Ernst Kris, Ph.D., Managing Editors. International Universities Press. $7.50.

ONE STRIKING, IF SLIGHTLY IRRELEVANT, impression produced on the lay reader of this collection of papers by European and American psychoanalysts is its testimony to the transcendency of scientific investigation over the dangerous walls of nationalism. For these twenty-one highly scientific studies, all concerned with the early stages in the development of personality and written in exceedingly technical language, will be as understandable to psychiatrists and psychoanalysts in England, France, Holland, and the United States as the notes of a musical score would be to musicians of these countries. More important, their fundamental assumption—that human personality everywhere develops out of the same psychic needs—is so universally accepted that it is nowhere stated.

The second volume of what is described on the title page as "An Annual," is addressed primarily to psychoanalysts, but it undoubtedly offers good red meat for psychiatric social workers and others who deal scientifically with children. Even the complete layman, attracted by the fascination of finding out more about why children act the way they do, is not likely to meet with disappointment in its perusal, though he would do well to arm himself previously with a psychiatric dictionary.

As in most literature on personality development, the greater part of the material necessarily concerns the pathological rather than the normal—necessarily, because most of the clinical findings gathered by the practitioners have naturally derived from cases which have originated in the need for treatment.

The discussions, however, in their casual analyses, invariably relate the deviations to normal development, so that the person seeking information on the normal child's inner life will not go away empty-handed. Particularly rewarding to the reader approaching the book from this motive, will be the section on Problems of Education and Sociology, with its two papers: "Ego Development and Historical Change," by Eric Homberger Erikson, and "Incentives to Development and Means of Early Education," by Lilli E. Peller, as well as the first paper in the book, "Comments on the Formation of Psychic Structure," included in a section on Problems of Child Development.

Other sections are: Clinical Problems, including case studies of various neurotic and psychotic symptoms having their origin in very early childhood; Guidance Work, consisting of one paper, "Psychoanalytic Orientation in Child Guidance Work in Great Britain," by Kate Friedlander; and History of Child Psychiatry, containing a number of case summaries from the works of one of the earliest proponents of psychosomatic medicine, J. B. Felix Descuret, who practiced in Paris during the middle part of the last century.

The papers have been gathered together by an editorial board of distinguished psychoanalysts from both sides of the Atlantic.

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NATIONAL CONFERENCE OF SOCIAL WORK—Leonard W. Mayo, President, Cleveland, Ohio, Howard R. Knight, Secretary, 82 N. High St., Columbus, Ohio. The Conference is an organization to discuss the principles of humanitarian effort and to increase the efficiency of social service agencies. Each year it holds an annual meeting, publishes in permanent form the Proceedings of the meeting and issues a quarterly Bulletin. Proceedings are sent free of charge to all members upon payment of a membership fee of $5. 75th Annual Meeting, April 17-23, 1948, Atlantic City, N. J.

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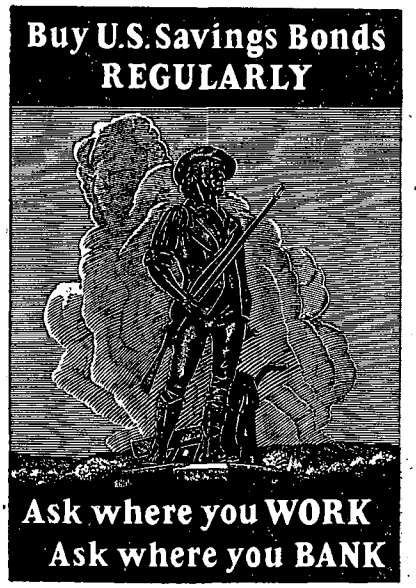

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